

## MEDICARE SUPPLEMENT FIELD UNDERWRITING MANUAL

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**MEDICARE SUPPLEMENT PLANS**

The purpose of this guide is to provide you with the procedures for completing and submitting an application for traditional Medicare Supplement health insurance policies. Standard Life and Accident Insurance Company (hereafter referred to as “SLAICO” or “the Company”) offers Standardized Plans A, B, C, D, F, F(HD), G and N. Please use the correct version of the application approved for your state. The Medicare Supplement Plans are Administrative Office underwritten and issued. The underwriting decision of acceptance or denial will be determined by the information in the application and a personal history interview, if deemed necessary by the Administrative Office underwriter. This manual has been designed to assist you in the risk selection and policy delivery processes.

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## INTRODUCTION

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### MEDICARE SUPPLEMENT

A Medicare Supplement Policy is an individual health plan that provides benefits for all or part of the deductible and coinsurance amounts not covered by Medicare. The definition of Medicare Supplement insurance does not generally include any policy or plan or one or more employer or labor organizations for employees or former employees of the employer or labor organization, although SLAICO will consider issuing individual insurance policies to participants of such plans.

OBRA '90 permits issuance of a Medicare Supplement policy to individuals that have other health insurance plans such as Long Term Care, Specified Disease or Hospital Indemnity Plans. ***However, it is unlawful to sell a Medicare Supplement policy to an individual that already has a standardized Medicare Supplement policy unless the new policy will replace the existing policy. It is also unlawful to sell a Medicare Supplement policy to someone who is covered under a Medicare Advantage plan, Medicare Savings Account (MSA) plan or Private Fee for Service plan.***

## AGENT'S AUTHORITY AND RESPONSIBILITIES

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### THE AGENT IS AUTHORIZED TO:

- Solicit, write applications and otherwise transact the business of insurance in any state where properly licensed by the state and authorized by SLAICO to conduct such business.
- Collect initial premium payments along with the new business application or reinstatement application.
- Solicit business in a non-resident state if **licensed** and appointed in the non-resident state.

### THE AGENT IS RESPONSIBLE FOR:

- Completing and **signing all required areas** of the application including the agent's statement and agent's report.
- Knowing and fulfilling any special state requirements regarding continuing education, training and licensing for Medicare Supplement in any state the agent is licensed. Direct any questions to the Marketing Department.
- Asking the questions on the application and correctly recording the answers. It is not sufficient to answer questions by dashes or ditto marks. **Any erasures must be initialed by both the Applicant and agent.**

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SLAICO adheres to state laws and regulations with regard to licensing and appointment of agents. ***A new application may be required if the items below are not in compliance.***

1. Applications completed and signed by an agent who is not licensed or appointed in the state where the application was written or resident state for the Applicant.
2. Applications completed prior to the effective date of the agent's license/appointment date or after license/appointment expires.
3. Applications completed by two agents unless both agents are licensed and appointed.
4. Applications submitted with a new agent appointment in a state that prohibits this practice.
5. Applications altered or corrected with regard to the signature of the Applicant, the date signed, the city and the state of the Applicant, or the licensed resident agent's signature.
6. Stamped signatures rather than handwritten ink signatures.

**NOTE:** In states that permit submission of an insurance application at the same time the producer applies to the Company for appointment, it is our Company practice to close the file and refund the premium to the Applicant if the Company does not appoint the producer.

### **AGENT'S RESPONSIBILITY REGARDING CLAIMS**

SLAICO is committed to giving prompt claim service. For expediency, the Claim Department will usually work directly with the providers.

The agent must observe certain rules:

- Notify the Claim Department of any claim as soon as it is reported to him or her.
- Send the Claim Department any claim documentation as soon as it is received.
- DO NOT admit any liability on any claim.
- DO NOT deny any claim.

To the extent permitted by the laws and regulations governing the release of confidential medical information, the agent will receive copies of all correspondence sent to his or her policy owners through normal channels.

### **COMPLETING THE APPLICATION**

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Good field underwriting is critical to the success of our individual health operation. It consists of more than just careful questioning of the Applicant. The following suggestions will help you and your clients in obtaining coverage quickly and on the most equitable basis.

The Medicare Supplement application has been divided into six lettered Sections, Sections A, B, C, D, E and F, and generally all sections of the application must always be completed. However, Section D should not be completed if an individual is eligible for open enrollment or guarantee issue.

**Please refer to the application when reviewing this guide.**

**SECTION A**

**SECTION A**

1. Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Best Time to Call \_\_\_\_\_ Email \_\_\_\_\_  
2. Billing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In section A, the agent will record general information pertaining to the Applicant. Record the Applicant's name as it appears on the Medicare card, if available. The residence address is important in determining the appropriate rate, which may vary by both state and zip code. The home address should be a physical address and not a P.O. Box.

The Applicant's age entered on the application must be their age on the "effective date" and the premium collected must be the premium for that age.

The Applicant's telephone number MUST be recorded in the space provided in Section A.

**NOTE:** Personal History Interviews are conducted randomly, except on applications that are submitted on an open enrollment or guarantee acceptance basis. In addition, if the Applicant has existing coverage with SLAICO, the Underwriting Department will review the client's prior file.

**PRE-EXISTING CONDITIONS:** SLAICO Medicare Supplement plans do not contain a pre-existing condition limitation.

**SECTION B**

**SECTION B**

New Policy     Reinstatement

3. **I AM APPLYING FOR:** Medicare Supplement Plan \_\_\_\_\_  
 Male    Female     Non Tobacco User    Tobacco User

4. **Payment Mode:**  Annual     Semi-Annual     Quarterly     Monthly PAC

5. **Requested Effective Date:** \_\_\_\_\_

6. **Medicare claim number from your Medicare card:** \_\_\_\_\_

**Question 3:** Indicate whether the application is for a new policy or for reinstatement. Please indicate the plan being applied for by filling in the proper letter designation (Riders in WI). The application also asks for the gender type and whether the Applicant has used tobacco products. Please check the appropriate boxes.

**NOTE:** Non tobacco user rates are available if the Applicant has not used tobacco products within the past 12 months (unless rates are not available in state).

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**Question 4:** Check the appropriate box of the desired method of payment. We do NOT offer a Monthly Direct Bill Mode. If you desire Monthly bank draft – please submit a Bank Authorization Form and a voided check.

**Question 5: REQUESTED EFFECTIVE DATE:** The effective date of coverage will be the date the application is approved by Administrative Office underwriting, unless you request a special effective date. A special effective date may not be earlier than the date of the application, nor, in the case of an open enrollment or guarantee issued Applicant, more than **120** days later than the application date. We normally permit a special effective date in only two circumstances: when replacing an existing Medicare Supplement policy (other than an existing SLAICO policy) or when the Applicant is within 180 days of becoming eligible for Part B of Medicare by reason of reaching age 65.

By requesting an effective date that is the first day of the Applicant's birth month, Medicare and the Medicare Supplement policy will go into effect on the same day.

**NOTE:** The policy will become effective:

1. The requested effective date, if any or
2. The date Administrative Office underwriting approves the policy for issue.

When replacing an existing Standard Life Medicare Supplement Plan, the requested effective date should coincide with termination of the existing plan to avoid both duplication of coverage and a gap in coverage. Therefore, the new requested effective date should occur the next available month after the application date. And, the new effective date should be the old premium due date plus one day. The new policy date cannot be written more than two months prior to the termination of the existing Standard Life policy. This procedure eliminates overlapping coverage and the need to refund unearned premium.

**Do not request the 29th, 30th or 31st of the month as an effective date. Applications written on these dates will be dated the first of the following month.**

**EFFECTIVE DATE OF COVERAGE:** The initial premium is for the period that begins on the effective date of coverage. The date of issue will determine the premium due dates and paid to dates. When using the PAC method of payment, bank withdrawals will begin with the second month following the effective date. The initial premium can be drafted from the Applicant's checking or savings account. This draft will occur on the date underwriting approves the application, not the effective date of coverage.

**EFFECTIVE DATE CHANGE (NEW BUSINESS ONLY):** For replacements, a change in effective date will be allowed, if prior to the policy delivery or the Insured has paid additional premium on existing coverage. In this instance, a date change will be considered if the request is submitted in writing from the Insured, within 60 days of the application date and 30 days of the current policy effective date. The requested date must be within 60 days of the policy effective date.

The date change is subject to verification of health status through a personal history interview and approval by the Underwriting Department.

**Question 6:** Please provide the Medicare claim number exactly as it appears on your Medicare card. We cannot issue the policy without the claim number, even if the client is otherwise eligible for open enrollment or guarantee issue. If the Applicant has not yet received confirmation of enrollment from Medicare write "applied for" in the space provided for the Medicare claim number.

**SECTION C**

**SECTION C**

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare Supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare Supplement plans. Please include a copy of the notice from your prior insurer with your application.

PLEASE ANSWER ALL QUESTIONS. Please mark Yes or No below with an "X".

To the best of your knowledge:

7. Did you turn age 65 in the last 6 months?  
 Yes  No

8. Did you enroll in Medicare Part B in the last 6 months?  
 Yes  No

If Yes, what is the effective date? \_\_\_\_\_

9. Are you covered for medical assistance through the state Medicaid program? (NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost", please answer No to this question.)  
 Yes  No

If Yes, will Medicaid pay your premiums for this Medicare Supplement policy?  
 Yes  No

If Yes, do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium?  
 Yes  No

10. If you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in your start and end dates below. If you are still covered under this plan, leave "END" blank.

START \_\_\_/\_\_\_/\_\_\_ END \_\_\_/\_\_\_/\_\_\_

If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare Supplement policy?  
 Yes  No

Was this your first time in this type of Medicare plan?  
 Yes  No

Did you drop a Medicare Supplement policy to enroll in the Medicare plan?

Yes  No

11. Do you have another Medicare Supplement policy in force?

Yes  No

If so, with what company, and what plan do you have?  
\_\_\_\_\_

If so, do you intend to replace your current Medicare Supplement policy with this policy?

Yes  No

12. Have you had coverage under any other health insurance within the past 63 days? (For example, an employer, union or individual plan)

Yes  No

If so, with what company and what kind of policy?  
\_\_\_\_\_

What are your dates of coverage under the other policy? If you are still covered under the other policy, leave "END" blank.

START \_\_\_/\_\_\_/\_\_\_ END \_\_\_/\_\_\_/\_\_\_

13. Do you qualify for open enrollment?

Yes  No

If Yes, please explain.  
\_\_\_\_\_

14. Do you qualify for guarantee issue?

Yes  No

If Yes, please submit proof with application.

**Question 7:** The application asks if the Applicant has turned 65 in the last 6 months.  
(Please check Yes or No.)

**Question 8:** The application asks if the Applicant has enrolled in Medicare Part B in the last 6 months?  
(Please check Yes or No.) If the answer is "Yes", provide the effective date of the Medicare Part B.

**In order to expedite the claim process, if coverage is issued, please automatically provide the effective date of the Medicare Coverage Part B.**

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An individual is not eligible for coverage unless they are now covered or will be covered by both Part A and Part B of Medicare within the next 180 days of the application date.

**Question 9:** The application asks if the Applicant is covered for medical assistance through the state Medicaid program? If the Applicant is participating in a “Spend-Down Program” and has not met the “Share of Cost”, please answer No to this question. *(If “No”, the following two questions should be checked No as well.)*

If an individual is currently entitled to any medical assistance under Title XIX (“Medicaid”), it may be unlawful to sell him/her a Medicare Supplement policy. For complete details regarding the Medicaid programs listed – please refer to the current edition of *The Guide to Health Insurance for People with Medicare*. Each application will be evaluated according to insurance needs.

**Question 10:** The application asks if the Applicant has had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in the start and end dates below. If the Applicant is still covered under the plan, leave “END” blank. *(If the START and END date is left blank due to the Applicant not having any current coverage the following three boxes should be checked No as well.)* If the Applicant does have current coverage other than the original Medicare coverage, answer the questions accordingly.

**Question 11:** The application asks if the Applicant has another Medicare Supplement policy in force? (If “Yes”, indicate name of company and plan type). Also check the appropriate box indicating if the coverage is intended to be replaced with the current policy the Applicant is applying for. This question deals specifically with existing health insurance coverage. If the answer to question 12 is “Yes”, submit the appropriate Medicare replacement form.

**REPLACEMENT OF EXISTING MEDICARE SUPPLEMENT COVERAGE:** SLAICO will accept applications for underwritten replacement of existing Medicare Supplement insurance up to 120 days prior to the proposed effective date. Requirements for non-underwritten replacements in such states as California and Missouri may be found in the section of the Field Underwriting Guide titled “Special Enrollment States” on pages 9-12.

**EXTERNAL REPLACEMENTS:** If the individual currently has a Medicare Supplement policy in force, it is unlawful to sell or issue a Medicare Supplement policy which duplicates the existing coverage. It is the agent’s responsibility to make certain that at the time the benefits of the new policy begin, the Applicant has only one Medicare Supplement policy in force. If the Applicant does not intend to replace the existing Medicare Supplement policy, a new policy cannot be issued.

**INTERNAL REPLACEMENTS:** When replacing an existing SLAICO Medicare Supplement policy (Standardized and Non-Standardized), you must submit the following: 1) a fully completed application 2) the appropriate replacement form and 3) a letter requesting the plan change including the cancellation of the old plan. You may also indicate your request in the “Special Request Section” of the new application. The premium for the new policy should be submitted with the application. If a different agent wishes to replace an existing policy, the original agent must no longer be active with the company or give permission to the new agent to allow them to receive credit and commissions for the new application.



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Underwriting Action:

All plan changes must have approval from the Underwriting Department.

**Note:** When changing plans, if the insured is currently undergoing a medical procedure, surgery or has experienced a major change in health, underwriting will postpone the plan change until the health condition has stabilized. Once stabilized, reconsideration can be given with a new application.

The requested effective date should coincide with termination of the existing coverage to avoid duplication of coverage or a gap in coverage. The existing policy should not be cancelled until the new policy has been issued and delivered.

If the new application is declined, the premium for the new policy will be refunded; the replacement of the existing policy will not take place; and coverage under the existing policy will continue as long as premiums are paid when due.

Commission:

If the original policy has an active agent, the active agent will be paid any commission due unless the original active agent is not appointed with SLAICO in the state where the policy owner now lives. In this case, the new agent would be eligible to receive any commissions due on the new policy. The commission schedules specify the commission to be paid on internal replacements.

**Question 12:** The application asks if the Applicant has had coverage under any other health insurance within the past 63 days? (For example, an employer, union or individual plan) *Please check Yes or No – if “Yes”, provide the name of the company and the type of policy. (Also provide the START date and if still covered under the other policy, leave “END” blank.)*

**Question 13:** The application asks if the Applicant qualifies for open enrollment? *(Please check Yes or No).*

The rules which govern open enrollment are:

A company or agent cannot deny the issuance of a Medicare Supplement policy because of an individual's health status, claims experience, receipt of health care or medical condition if the application is taken during the 6 months before or after an individual turns 65 years of age and is first enrolled for benefits under Part B of Medicare.

**If an individual is over 65 years of age and has become eligible for Part B of Medicare within the past 6 months, forward documentation of his or her eligibility with the application.**

Federal law also extends open enrollment for six months at age 65 to those persons who were first enrolled in Part B of Medicare prior to age 65 by reason of disability or End Stage Renal Disease. Medicare Supplement insurance must be offered to such enrollees prior to age 65, to the extent state law mandates it. Rules for the various states appear in the section titled “Special Enrollment States” on pages 9-12.

**Question 14:** The application asks if the Applicant qualifies for guarantee issue? *(Please check Yes or No).*

In addition to open enrollment, the 1997 Balanced Budget Act added circumstances under which guarantee issue of Medicare Supplement plans is available to Medicare-eligible beneficiaries. To be eligible, the individual must generally apply for a Medicare Supplement policy within 63 days of the qualifying event.

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The following events are the ones that will most commonly qualify the individual for guarantee issue of Medicare Plans A, B, C, F or F(HD).

1. Termination of coverage by the beneficiary's Medicare HMO.
2. Termination of coverage of the individual's medical benefits by an employee benefit plan provided by the Applicant's current or former employer.
3. Individual whose first Medicare enrollment was in Medicare Advantage or PACE program and within the first 12 months of coverage decides to disenroll from the Medicare Advantage or PACE program and enroll in original Medicare. In this instance, the individual can purchase any Medicare Supplement plan from any carrier without evidence of insurability for a period that extends from 60 days before coverage ends to 63 days after coverage ends.
4. Individual may choose to leave original Medicare and a Medicare Supplement policy to try Medicare Advantage. The individual may then, within 12 months after that decision, go back to original Medicare and the same Medicare Supplement plan offered by the same Medicare Supplement carrier as before.

**Please refer to page 34-36 for State Specific Guidelines – Guarantee Issue Eligibility Criteria.**

These circumstances are surrounded by a large body of evolving technical rules. Please call the Marketing Department if you have any questions in a particular case.

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#### **SPECIAL ENROLLMENT STATES**

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A number of states have enacted special rules that may allow open enrollment in other circumstances. Following is a summary of the current state rules:

##### **CALIFORNIA**

All standardized Medicare Supplement Plans offered by SLAICO are available to California Medicare Supplement policy owners during an annual open enrollment period for a period of **30 days after** their birthday. During this time period an insured is eligible to apply for any carrier's policy providing the same or lesser benefits as their current coverage.

All standardized Medicare Supplement Plans offered by SLAICO are available on an open enrollment basis to California residents who are under age 65 and are disabled Medicare beneficiaries and who became covered by Part B due to disability during the past six months. This eligibility does not apply if the individual qualified by reason of End Stage Renal Disease. *Special premium rates will be used for these individuals who are under age 65. Refer to the outline of coverage.*

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##### **COLORADO**

All standardized Medicare Supplement Plans offered by SLAICO are available to Colorado residents under age 65 on an open enrollment basis for a six month period immediately following their enrollment in **Part B**. After this six month eligibility period, the individual must qualify in the usual manner. *Special premium rates will be used for these individuals who are under age 65. Refer to the outline of coverage.*

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##### **DELAWARE**

All standardized Medicare Supplement Plans offered by SLAICO are available to Delaware residents under age 65 on open enrollment basis for a six month period immediately following their enrollment in Part B. Residents within the six months after Medicare due to ESRD, or 1/12/09 - 6/12/09 due to ESRD, whichever is later. *Special premium rates will be used for these individuals who are under age 65.*

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## Illinois

All standardized Medicare Supplement Plans offered by SLAICO are available to Illinois residents under age 65 and disabled that is available to over 65. If Social Security retroactively allows eligibility, we must allow six months from month the person was notified of decision. Must allow OE for under age 65 if: 1) applicant has Medicare and an employer group health plan (either primary or secondary) that terminates or ceases to provide all such supplemental benefits; 2) applicant is insured by a Medicare Advantage plan that includes a HMO, a PPO, and a Private Fee-For-Service or Medicare Select plan and the applicant moves out of service area, the insurer goes out of business, withdraws from market, or has its Medicare contract terminated, or the plan violates its contract provisions or is misrepresented in its marketing; or 3) is insured by any Medicare Supplement plan and the insurer goes out of business, withdraws from the market, or the company or agents misrepresent the plan and the applicant is without coverage.

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## KANSAS

All standardized Medicare Supplement Plans offered by SLAICO are available to Kansas residents under age 65 on an open enrollment basis for a six month period *immediately following* their enrollment in **Part B**. After this six month eligibility period, the individual must qualify in the usual manner. *Age 65 premium rates will be used for these individuals who are under age 65. Refer to the outline of coverage.*

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## KENTUCKY

All standardized Medicare Supplement Plans offered by SLAICO are available to Kentucky residents who are under age 65 and are disabled Medicare beneficiaries. **These individuals must still qualify by answering Section D of the application.** *Age 65 premium rates will be used for these individuals who are under age 65. Refer to the outline of coverage.*

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## LOUISIANA

All standardized Medicare Supplement Plans offered by SLAICO are available to Louisiana residents under age 65 on an open enrollment basis for a six month period *immediately following* their enrollment in **Part B**. After this six month eligibility period, the individual must qualify in the usual manner. *Special premium rates will be used while these individuals are under age 65. Refer to the outline of coverage.*

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## MARYLAND

Plans A and C are available to Maryland residents under age 65 and disabled on an open enrollment basis for a six month period *immediately following* their enrollment in **Part B**. After this six month eligibility period, the individual must qualify in the usual manner. *Special premium rates will be used while these individuals are under age 65. Refer to the outline of coverage.*

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## MICHIGAN

Plans A and C are available to Michigan residents under age 65 and disabled on an open enrollment basis for **Part B** or if the person loses coverage under a group policy after becoming eligible for Medicare. A person must request coverage 90 days before or 90 days after the month he or she becomes eligible for Medicare or 180 days after losing coverage under a group policy. However a person who is hospitalized or requiring hospitalization within 30 days of the application date shall not be eligible until the day following discharge. If the hospitalized person was insured by the insurer immediately prior to becoming eligible for Medicare or immediately prior to losing coverage under a group policy after becoming eligible for Medicare, the person shall be eligible for immediate coverage from the previous insurer. *Special premium rates will be used while these individuals are under age 65.*

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## MISSISSIPPI

Plans A, B, C and F are available to Mississippi residents under age 65 on an open enrollment basis for a six month period *immediately following* their enrollment in **Part B**. After this six month eligibility period, the individual must generally qualify in the usual manner. *Special premium rates will be used while these individuals are under age 65. Refer to the outline of coverage.*

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## MISSOURI

All standardized Medicare Supplement Plans offered by SLAICO are available to Missouri residents under age 65 on an open enrollment basis for a six month period *immediately following* their enrollment in **Part B**. After this six month eligibility period, the individual must generally qualify in the usual manner. *Special premium rates will be used for these individuals who are under age 65. Refer to the outline of coverage.*

However, any person currently insured under a standardized Medicare Supplement plan has an annual open enrollment window for 30 days before and after the anniversary of the current policy within which the insured may apply for the same plan from any other insurer without evidence of insurability.

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## NORTH CAROLINA

Plans A, C and F are available to North Carolina residents under age 65 and disabled on an open enrollment basis for a six month period *immediately following* their enrollment in **Part B**. After this six month eligibility period, the individual must qualify in the usual manner. *Special premium rates will be used while these individuals are under age 65. Refer to the outline of coverage.*

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## OKLAHOMA

Plan A is available to Oklahoma residents who are under age 65 and are disabled on an open enrollment basis for a six month period *immediately following* their enrollment in **Part B**. After this six month eligibility period, the individual must qualify in the usual manner. *Special premiums will be issued while these individuals are under age 65. Refer to the outline of coverage.*

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## OREGON

All standardized Plans offered by SLAICO are available on an open enrollment basis to Oregon residents who are under age 65 and are disabled Medicare beneficiaries and who became covered by **Part B** due to disability during the past six months. *Age 65 premium rates will be used for these individuals who are under age 65. Refer to the outline of coverage.*

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## PENNSYLVANIA

All standardized Medicare Supplement Plans offered by SLAICO are available on an open enrollment basis to Pennsylvania residents who are under age 65 and are disabled Medicare beneficiaries and who became covered by **Part B** due to disability during the past six months. *Age 65 premium rates will be used for these individuals who are under age 65. Refer to the outline of coverage.*

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## SOUTH DAKOTA

All standardized Plans offered by SLAICO are available on an open enrollment basis to South Dakota residents who are under age 65 and are disabled Medicare beneficiaries and who became covered by **Part B** due to disability during the past six months. *Age 65 premium rates will be used for these individuals who are under age 65. Refer to the outline of coverage.*

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## TEXAS

Plan A is available on an open enrollment basis for Texas residents who are under age 65 and who became eligible for Medicare **Part B** due to disability during the past six months. *Special premium rates will be used while these individuals are under age 65. Refer to the outline of coverage.*

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## WEST VIRGINIA

Current Insurance Department rules do not allow solicitation of Medicare Supplement insurance more than 30 days prior to the prospective buyer's 65th birthday. Applications will not be accepted with an application date more than 30 days prior to the prospect's birthday.

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## WISCONSIN

SLAICO must offer (Base plan and any Riders) to Wisconsin residents under age 65 on an open enrollment basis for a six month period *immediately following* their enrollment in Part B. (can apply for riders anytime with underwriting). Special premium rates will be used while these individuals are under age 65. Refer to the outline of coverage.

**SECTION D**

**SECTION D**

**COMPLETE IF APPLYING FOR MEDICARE SUPPLEMENT ON A NON-OPEN ENROLLMENT OR NON-GUARANTEE ISSUE BASIS.**

Height \_\_\_\_\_ Weight \_\_\_\_\_

**If the answer to any question in Section D (15-18h) is Yes, the application should not be submitted.**

- 15. Are you now bedridden, confined to a nursing home, assisted living facility or hospital, or receiving the services of a home health care agency?  
 Yes  No
  - 16. Within the past **10 years**, have you been treated for or diagnosed by a medical professional as having acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC) or human immunodeficiency virus (HIV) infection?  
 Yes  No
  - 17. Within the past **2 years**, have you:
    - a) had or been recommended to have medical tests or treatment or surgery which have not been done or for which results have not been given?  
 Yes  No
    - b) been hospitalized 2 or more times or confined to a nursing home or required assistance or supervision by another person for dressing, eating, personal hygiene (bathing or toileting), walking or transferring to or from a bed or chair or suffered a fracture of the spine or hip?  
 Yes  No
    - c) required the use of a wheelchair, walker or cane?  
 Yes  No
    - d) been advised to have cataract surgery or other eye surgery that has not been performed?  
 Yes  No
  - 18. Do you now have or within the past **2 years** have you had or been advised to have treatment, surgery or to take prescription medication for:
    - a) cancer (excluding basal or squamous cell), Hodgkin's disease, leukemia, or melanoma; even if the conditions are in remission?  
 Yes  No
    - b) congestive heart failure, coronary artery disease, peripheral vascular disease, circulatory disorder, heart disease, enlarged heart, transient ischemic attack, stroke, heart or heart valve surgery, angioplasty, pacemaker, or stent placement?  
 Yes  No
  - c) uncontrolled or insulin dependent diabetes, amputation or eye disease due to diabetes, chronic cystitis, Addison's disease, kidney failure, nephritis, renal insufficiency or kidney dialysis or gangrene?  
 Yes  No
  - d) emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), chronic obstructive lung disease (COLD), or any chronic pulmonary disease requiring the use of oxygen?  
 Yes  No
  - e) ulcerative colitis, Crohn's disease, cirrhosis of the liver, hepatitis or any disease of the pancreas or prostate not cured by surgery or treatment?  
 Yes  No
  - f) Paget's disease, rheumatoid or disabling arthritis, lupus or other bone or connective tissue disorder?  
 Yes  No
  - g) mental or nervous disorder requiring psychiatric treatment, organic brain disorder, Alzheimer's disease, ALS (Lou Gehrig's disease), muscular dystrophy, myasthenia gravis, Parkinson's disease, multiple sclerosis, cerebral palsy, epilepsy, neuropathy, paralysis, senile dementia or other senility disorders or alcohol or drug abuse?  
 Yes  No
  - h) incontinence, any ostomy present due to disease, an organ transplant other than corneal?  
 Yes  No
19. Within the past **2 years**, have you consulted a physician, been diagnosed or received treatment for any condition not listed above, including dizziness, vertigo, tremors, seizures, depression, anxiety, amputation, arthritis, asthma, osteoporosis, urinary incontinence, heart rhythm disorders, heart bypass or heart attack?  
 Yes  No
- If Yes, give information regarding diagnosis or condition.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Record the exact height and weight of the Applicant. If they are not subject to open enrollment, then they must meet height and weight requirements to be eligible for coverage. The build table is on page 26 of this guide.

**If the answer to question 15-18 is "Yes" DO NOT SUBMIT THE APPLICATION. If an individual is eligible for open enrollment or guarantee issue do not complete Section D.**

**Questions 15-19:** These questions will be used to determine if the Applicant qualifies for coverage unless the Applicant is applying on an open enrollment or guarantee issue basis. Please review, "Terms You Should Know" on pages 30-33 in this manual as you review this material.

**Note: Question 18 refers to treatment, surgery and taking medication for each part of 18a-h. Please be sure the Applicant understands all three apply to each question. Medication (such as Beta-Blockers, ACE inhibitors and the like) taken to maintain control of a chronic, non-life threatening condition like essential high blood pressure will not necessarily disqualify an Applicant. However, the same or similar medications taken to control congestive heart failure may disqualify the Applicant.**

See “Special Requests,” which explains how you may request special consideration for medical conditions.

**VIRGINIA AGENTS:** If the health condition falls under the uninsurable list, the Applicant may not be accepted.

**WASHINGTON AGENT’S ONLY:** The Applicant must personally read and record their own answers to questions 15 through 19 by marking the appropriate Yes or No box and providing any additional information in response to question 19.

**Question 19:** If the answer is “Yes”, provide details of the reason for the visit. Doctor’s names are not necessary but may be provided. A Yes answer to question 19, by itself, will not result in an automatic rejection of the application.

## SECTION E

### SECTION E

#### NOTICE TO MEDICARE SUPPLEMENT APPLICANT

**The Applicant must read the following statements or the Agent must read the following statements to the Applicant.**

You do not need more than one Medicare Supplement policy. If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.

You may be eligible for benefits under Medicaid and may not need a Medicare Supplement policy.

If after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.

If you are eligible for, and have enrolled in a Medicare Supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare Supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.

Counseling services may be available in your state to provide advice concerning your purchase of Medicare Supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

***The information above is a notice for Applicants that are applying for Medicare Supplement. It is important that the Applicant read the above statements or the Agent should read the above statements to the Applicant.***

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**SECTION F****SECTION F**

**AGREEMENT** — I have read or had read to me my completed application (including the statements in Section E). My answers are true and complete. I understand my coverage, if issued, will begin on the date of issue shown in my policy. I realize any false statement or misrepresentation in my application may result in loss of coverage under my policy.

**FRAUD WARNING** — Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**ACKNOWLEDGMENT** — I have received the Outline of Coverage and *Guide to Health Insurance for People with Medicare* from the Agent.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**A TELEPHONE INTERVIEW WILL BE CONDUCTED.**

What will be the best time to contact the Applicant for the telephone interview? \_\_\_\_\_

**AGREEMENT:** Agent should follow the instructions contained in this section of the application.

**FRAUD WARNING:** Applications for a number of states will include a warning that misrepresenting information on the application or in a claim for the purpose of inducing an insurer to provide coverage may give rise to both civil and criminal penalties. This will appear on the application immediately before the Acknowledgement.

**ACKNOWLEDGMENT:** The Applicant must be provided with the outline of coverage and *Guide to Health Insurance for People with Medicare*.

**SIGNATURE OF THE APPLICANT:** The Applicant must sign his or her own application as it is written in Section A, number 1. No other person may sign for the Applicant.

Signature by an Attorney-In Fact or Guardian is **NOT** acceptable, subject to the following exception:

A Guardian or Attorney-In-Fact may sign for the Applicant during the open enrollment or guarantee issue period, but only in those limited situations where the Applicant is physically unable to sign his/her name due to health impairments. Proper documentation of the Guardianship or the Power of Attorney must be submitted with the application.

**DATE:** The Applicant is to complete this section with the date on which the application was signed. Backdating is not permitted.

**CITY, STATE AND ZIP:** The Applicant must complete this section by inserting city and state where the application was signed. SLAICO will issue and rate Medicare Supplement policies based on the Applicant's state of permanent residence.

**PERSONAL HISTORY INTERVIEW (PHI):** Random Personal History Interviews will be used by the Underwriting Department to clarify and verify information. This is accomplished by telephoning the Applicant to verify vital information on various questions necessary to properly evaluate the risk. This information is strictly used for underwriting purposes. Be sure to make the Applicant aware that someone may be contacting them for this interview, if deemed necessary by the Administrative Office underwriter. The telephone number must be provided on the application in addition to the best time to call.

**AUTHORIZATION TO OBTAIN, RELEASE AND DISCLOSE MEDICAL INFORMATION**

I hereby authorize any: physician, medical practitioner, hospital, clinic or other medical related facility, insurance company, insurance support organization, business partner, pharmacy, government agency, group policyholder, employer, benefit plan administrator, the Medical Information Bureau, the Department of Motor Vehicle Registration and paramedical facility to provide to STANDARD LIFE AND ACCIDENT INSURANCE COMPANY, or to any agent, attorney, consumer reporting agency or independent administrator, including medical record retrieval services or pharmaceutical services, acting on STANDARD LIFE AND ACCIDENT INSURANCE COMPANY's or its reinsurers' behalf, information concerning advice, care or treatment sought by or provided to me and/or any other Applicant for coverage, including information relating to medical history, medical conditions, treatment, hospitalizations or confinements, ailments, and/or drug, alcohol or tobacco usage of the Applicant(s). It is understood that STANDARD LIFE AND ACCIDENT INSURANCE COMPANY underwriters, claim examiners, reinsurers, attorneys, or the medical director may disclose such health information to the aforementioned parties for purposes of underwriting, compliance, record clarification or explanation, or in response to litigation, summons, or subpoenas. I understand that after this information is disclosed, the recipient may redisclose it, resulting in loss of protection by federal regulations.

I understand that:

- 1) such information will be used by STANDARD LIFE AND ACCIDENT INSURANCE COMPANY for underwriting and insurability determinations;
- 2) I may refuse to sign this authorization and that my refusal to sign will affect my ability to obtain health insurance coverage;
- 3) a picture copy or photocopy of this authorization shall be as valid as the original; and
- 4) any authorized representative of the Proposed Insured is entitled to receive a copy of this authorization upon request.

This authorization is valid from the date signed for a duration of 24 months. I understand I may revoke the authorization, except to the extent that action has been taken in reliance on this authorization, by sending written notice to the Health Underwriting Department of STANDARD LIFE AND ACCIDENT INSURANCE COMPANY, P.O. Box 1991, Galveston, Texas 77553. *I may inspect or copy any information used or disclosed under this authorization, if signed.*

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Witness

Personal Representative designated by signature above is hereby authorized to execute this instrument based on: (circle one) power of attorney, guardian-in-fact, guardian, payee representative or other \_\_\_\_\_ .

**AUTHORIZATION:** The Applicant must sign the authorization that follows the application for underwriting to proceed. The authorization is necessary in order to obtain, release and disclose medical information. This authorization contains language recommended by the Federal Health Insurance Portability and Accountability Act. **This authorization must also be included for clients applying for open enrollment or guarantee issue.**



**AGENT'S STATEMENT**

I certify that: 1) I asked the Applicant the questions in the application and truthfully and accurately recorded the answers; 2) the answers did not conflict with my observations and knowledge of the Applicant; and 3) if applicable, I gave the outline of coverage and *Guide to Health Insurance for People with Medicare* to the Applicant and a copy of the appropriate form(s) and/or disclosure(s).

I also certify that: 1) the Applicant has read, or had read to him or her, the completed application (including the statements in Section E); and 2) the Applicant realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy.

The company names, policy/certificate numbers and types of coverages of any other health insurance policies that I sold to the Applicant and which are currently in force are (if none, write "NONE"): \_\_\_\_\_

The company names, policy/certificate numbers and types of coverages of any other health insurance policies that I sold to the Applicant during the past 5 years and which are not currently in force are (if none, write "NONE"): \_\_\_\_\_

**AGENT INFORMATION**

Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_

Agent Code \_\_\_\_\_ Date Signed \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_

Premium Quoted \$ \_\_\_\_\_ **Special Requests:** \_\_\_\_\_

Initial Premium \$ \_\_\_\_\_ \_\_\_\_\_

**No money collected. Initial premium is to be drafted.** \_\_\_\_\_

Receipt Given: Yes  No  \_\_\_\_\_

Mail Policy to: Insured  Agent  \_\_\_\_\_

**AGENT'S STATEMENT:** The agent should complete all the requirements contained in the Agent's Statement. The agent should certify that he or she asked the questions contained in the application and correctly recorded the answers.

**The agent should also certify that the answers to the questions did not conflict with his or her observations or knowledge of the Applicant.**

The agent should also certify that: 1) the Applicant has read, or had read to him or her, the completed application (including the statements in Section E and F); 2) the Applicant realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy.

The agent should complete the two questions below the Agent's Statement regarding other health insurance sold to the Applicant by the agent.

Record your Agent's Code and sign the application.

If you did not personally see the client, please do not sign the Agent's Statement. Print your name as indicated on the form and complete all other sections of the Agent's Statement.

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**PREMIUM QUOTED:** Record the amount quoted.

**INITIAL PREMIUM:** Record initial premium. The premium rates for the Medicare Supplement Plans will be based on “Attained Age Rates”, except in the states of Arkansas, Arizona, Georgia, Idaho, Missouri, Montana and Washington. In addition, Applicants that qualify under open enrollment or guarantee issue automatically qualify for non tobacco user rates in the following states: Illinois, Kentucky and Utah. The application must be accompanied by the Applicant’s check, money order, or cashiers check in the amount of the premium for the mode selected.

**DRAFT INITIAL PREMIUM:** If no money was collected and the Applicant desires to draft the initial premium, please check the box, submit a bank authorization form and voided check. Please also clearly specify if the draft is to occur from the checking or savings account. **This draft will occur on the date underwriting approves the application, not the effective date of coverage. If your client wishes to have subsequent premiums drafted on a specific date other than the date approved, please notate in the special request section of the application.** SLAICO can draft all modes, monthly bank draft, quarterly, semi-annual or annual, **but please be sure that the client is aware of the specific amount that will be drafted from their account. If initial premium draft is elected and the premium quoted is less than the issued premium by an amount of \$10.00 or less, we will automatically draft the correct premium. If the difference exceeds \$10.00 the policy will not be issued until the client authorizes the draft.**

**RECEIPT GIVEN:** Check the appropriate box.

**MAIL POLICY TO:** Indicate where the policy is to be mailed. If there are outstanding requirements, the policy will always be mailed to the agent, except in Pennsylvania which requires policies to be mailed directly to the Insured. In South Dakota, if the policy is delivered by the agent, the agent must submit a policy delivery receipt to the Administrative Office.

The agent must detach the disclosure notice that is located on the same page as the receipt and give it to the Applicant. The receipt should also be completed.

**Do not submit cash.** We do not accept post-dated checks, an agent’s personal check, agency checks or third party checks. We will consider checks from the Applicant’s trust fund, written by family members or from the family business account.

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**SPECIAL REQUESTS:** This section has been provided for special requests or special consideration.

If, in the agent's professional opinion, one of the "Yes" answers in Section D has revealed a trivial condition that would generally not be sufficient for denial of coverage, the agent can request additional consideration. The "Yes" answer should be marked in the usual manner. For the application to be reviewed, the agent must give full details of the condition, treatment, outcome, physicians seen, etc. in this space. The agent should then submit the application in the normal manner.

**This procedure should be used in very limited circumstances. The Company may refuse to allow an agent access to this procedure if a pattern of abuse develops.**

## **OTHER FORMS**

Other state required forms are available to print on demand at SLAICO's website, [www.slaico.com](http://www.slaico.com).

## **REINSTATEMENT OF COVERAGE**

**Any Medicare Supplement that has been lapsed for 31 days, but no longer than six months, will be considered for reinstatement with completion of a new business application and collection of the current modal premium.** If the agent requests reinstatement with no lapse in coverage, and underwriting approves the reinstatement, the policy will be reinstated as of the lapse date, provided the Insured pays all of the back premiums.

If the agent does not request reinstatement without a lapse in coverage, coverage will be effective as of the policy anniversary date in the month following underwriting approval.

Policies lapsed for more than six months will generally not be eligible for reinstatement. In these situations, the individual will have to reapply for coverage. There may be circumstances which necessitate an exception to these guidelines. All exceptions must be approved by the Health Underwriting Department.

Utilizing the new business application eliminates any confusion regarding the correct form required for reinstatement; eliminates the need for the agent to maintain supplies that are used on an infrequent basis; and eliminates the need for the Company to maintain single purpose forms. In addition, it provides the underwriter the current medical information needed to evaluate the request for reinstatement.

## **COMPLETING APPLICATION FOR REINSTATEMENT**

- Complete the new business application and check the "reinstatement box" at the top of the application.
- Complete the application as described in Sections A-G of this manual.
- Sign the application and authorization.
- Collect the current modal premium.
- Submit the application in accordance with the following instructions.

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## **SUBMITTING THE APPLICATION**

Before submitting the application to the Administrative Office, please be sure that:

1. The application and all necessary forms have been completed and signed by the Applicant.
2. The correct state approved application has been completed.
3. All health questions have been answered if applying for an underwritten plan.
4. Both agent and Applicant have initialed all changes/scratch outs on the application.
5. The Applicant's check, money order or cashier's check in the amount of the premium for the mode selected has been submitted with the application.
6. The initial premium was collected on the day the application was written, or complete the PAC to authorize drafting of initial premium.
7. Cash, post-dated checks, agent's personal checks or agency checks should not be submitted with application. The Company will consider checks written by family members, applicant's trust fund or family business account.
8. All applications have been submitted to Administrative Office within 5 days after written.

**The application will be returned to the agent if any of the above are not met.**

**Mail applications and full modal premium directly to:**

<p><b>Standard Life – Issue Department</b> <b>P.O. Box 696870</b> <b>San Antonio, Texas 78269</b></p>
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## **FAX THE APPLICATION**

You may fax your Medicare Supplement applications directly to the Administrative Office using 800.647.6085. Please include a fax cover sheet that has your name, address, telephone number, fax number and email address. A sample sheet is available on the website. Make sure you submit all necessary forms such as replacement notices, letters of creditable coverage, copies of Medicare card, initial premium check (if collected), etc.

Within 24 hours of receipt of the faxed application in the Administrative Office, we will fax to you an Application Confirmation Notice with the newly assigned policy number. Immediately upon receipt of the Application Confirmation Notice, write the policy number on the initial premium check and mail it along with the Application Confirmation Notice to:

Standard Life and Accident – Issue Department  
P.O. Box 696870  
San Antonio, Texas 78269

Please retain the original application in your files. **DO NOT SUBMIT TO THE ADMINISTRATIVE OFFICE.**

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By faxing your application you can shorten your total application cycle time and ultimately receive commissions faster. To facilitate the processing of your faxed applications, we have established a special Underwriting Issue Platinum Service Team. If you have any further questions please call the Platinum Service Team at 800.377.3541.

Remember, the agent must hold a license and appointment with SLAICO in order to sell health insurance products. ***Policies will be issued in the Applicant's residence state; therefore, you must be licensed in the state where the Applicant lives. Please allow 7-10 working days for the policy to be received, once the policy is issued.***

## **STATUS ON PENDING APPLICATIONS:**

### **INTERNET**

You may obtain status on your pending applications through the Company's website. This policy status inquiry system is designed for up-to-date status checks via the internet. It is user friendly and will allow you to not only check the status of a pending application, but to communicate directly with the underwriter working on a particular case.

To use the internet service, follow the simple instructions below:

- Access the SLAICO home page at [www.slaico.com](http://www.slaico.com)
- Click on the "Producer Access" button
- Enter your Login ID and Password
- On the home page, go to "My Business Information" and select "Pending Business" from the Services menu

You may also contact our Customer Service Department 888.350.1488.

### **ELECTRONIC-MAIL**

Electronic mail is a simple and efficient method of communication. We encourage this method of communication whenever possible. If you have access to e-mail, you may contact any one at SLAICO who has e-mail through the following format.

FIRSTNAME.LASTNAME@ANICO.COM

You may contact anyone in marketing using the following address format.

FIRSTNAME.LASTNAME@SLAICO.COM

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## **POLICY DELIVERY REQUIREMENTS**

Any changes, corrections or counteroffer will require an Amendment to the Application which must be signed by the Applicant at the time of delivery. A signed copy of the Amendment and any additional delivery requirements such as additional premium due, must be returned to the Administrative Office before commissions are paid. The policy delivery letter, enclosed with the policy will show all requirements needed on delivery.

## **CONFIDENTIALITY AND RELEASE OF INFORMATION**

The underwriter can not release confidential information that was not disclosed specifically on the application. If the Applicant request details of an adverse decision when it is due to confidential information, the procedures are detailed below:

1. The Applicant must submit a written request via e-mail, fax or regular mail to the Administrative Office, asking for details of the confidential information.
2. The written request must be signed and dated by the Applicant.

## **CLOSING REMARKS**

This Guide will be reviewed from time to time and revised as necessary.  
Direct any questions you may have to the Marketing Department.

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## UNACCEPTABLE HEALTH CONDITIONS

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### There are a number of reasons why the Company would have to decline coverage on an individual:

1. If, within the past year, the Applicant suffered a fracture of the spine or hip;
2. If, within the past two years, the Applicant was bedridden, hospitalized two or more times, confined to a nursing home or assisted living facility or requires assistance or supervision by another person or health care agency for dressing, eating, personal hygiene (bathing or toilet), walking or transferring to or from a bed or chair;
3. If, within the past two years the Applicant had or had been recommended to have medical tests or treatment or surgery which have not been done or for which results have not been given:
4. Use of cane, wheelchair or walker is required by the Applicant;
5. Applicant has been advised to have eye surgery that has not yet been performed;
6. Amputation at age 60 or over due to trauma;
7. Treatment for multiple associated conditions, such as hypertension, diabetes and heart problems.

8. Medical Conditions listed below:

Addison's Disease	Heart Rhythm Disorders –*Refer to page 25
AIDS	Hepatitis
Alcoholism or Alcohol Abuse	Hodgkin's Disease
ALS (Lou Gehrig's Disease)	Incontinence
Alzheimer's Disease	Internal Cancer
Amputation due to Disease	Kidney Dialysis
Amputation or Loss of Sight due to Diabetes	Kidney Failure
Aneurysm	Leukemia
Bone or Connective Tissue Disorder	Lupus
Cerebral Palsy	Melanoma
Chronic Bronchitis	Mental/Nervous Disorder (treated with more than one medication, or medication for severe depression, bipolar disorder, schizophrenia, requiring psychiatric consultation) –
Chronic Cystitis	*Refer to page 25
Chronic Obstructive Lung Disease (COLD)	Multiple Sclerosis
Chronic Obstructive Pulmonary Disease (COPD)	Muscular Dystrophy
Circulatory Disorder	Myasthenia Gravis
Cirrhosis of the Liver	Nephritis
Congestive Heart Failure	Neuropathy
Coronary Artery Disease	Organ Transplant other than Corneal
Crohn's Disease	Organic Brain Disorder
Diabetes (Insulin dependent or B/S ave >140)	Osteoporosis (T-score of –3 or worse) –
Dizziness	*Refer to page 25
Drug Addiction or Abuse	Ostomy present
Emphysema	Pacemaker
Enlarged Heart	Paget's Disease
Epilepsy	Pancreatic Disease
Fibromyalgia	Paralysis
Gangrene	
Heart Attack	
Heart Disease	
Heart or Heart Valve Surgery - *Refer to page 25	

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**UNACCEPTABLE HEALTH CONDITIONS** (continued)

Parkinson's Disease  
Peripheral Vascular Disease  
Prostate Disease (PSA> 6ng/ml)  
Pulmonary Disease, requiring use of oxygen  
Renal Insufficiency  
Rheumatoid Arthritis  
Seizure Disorders  
Senile Dementia  
Senility Disorders  
Stent(s)  
Stroke  
Transient Ischemic Attack  
Ulcerative Colitis  
Vertigo



## UNDERWRITING CONSIDERATIONS

Underwriting consideration for Medicare Supplement coverage may be given to conditions that are classified as uninsurable on pages 23 and 24. In general, if a medical condition can be classified as mild to moderate in severity, well controlled with maintenance therapy, and the Applicant lives an active lifestyle, the risk may be insurable.

We have 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 underwriting consideration. A personal history 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.
TREMORS	Benign familial tremors with active lifestyle without limitations. Controlled with one medication.
ARTHRITIS	Osteoarthritis (OA). Active lifestyle without limitations. No devices needed for ambulation.
URINARY INCONTINENCE	Stress incontinence with occasional use of pads. Active lifestyle, no limitations. Controlled with one medication.
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 is acceptable.
HEART BYPASS	Surgery over two years ago, active lifestyle, no limitations. Taking only aspirin and/or cholesterol medications without heart medications. Treatment for elevated blood pressure is acceptable.
HEART ATTACK	Single Heart Attack over 2 years ago, active lifestyle, no limitations. Taking only aspirin and/or cholesterol medication without heart medication. Treatment for elevated blood pressure 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.
OSTEOPOROSIS	Mild-Moderate, active lifestyle, able to carry out normal ADLs and IADLs. Regular exercise program, taking medication for at least one year, no history of fractures in past five years. (T-Scores <-3.0)

**BUILD TABLE****PERCENTAGE UNDERWEIGHT AND OVERWEIGHT TABLE**

This table is to be used to determine the Applicant's percentage of underweight and overweight by their reported height and weight. An individual who is more than 40% underweight or more than 80% overweight for his or her height is NOT ACCEPTABLE.

<b>Minimum Insurable Weight</b>		<b>Maximum Insurable Weight</b>		
<b>Underweight</b>		<b>Average Weight</b>	<b>Overweight</b>	
<b>Height</b>	<b>Pounds</b>	<b>-</b>	<b>Height</b>	<b>Pounds</b>
4'8"	72	120	4'8"	216
4'9"	74	123	4'9"	221
4'10"	76	126	4'10"	227
4'11"	77	129	4'11"	232
5'0"	79	132	5'0"	238
5'1"	81	135	5'1"	243
5'2"	83	138	5'2"	248
5'3"	85	142	5'3"	256
5'4"	87	146	5'4"	263
5'5"	90	150	5'5"	270
5'6"	92	154	5'6"	277
5'7"	95	158	5'7"	284
5'8"	97	162	5'8"	292
5'9"	100	166	5'9"	299
5'10"	102	170	5'10"	306
5'11"	105	175	5'11"	315
6'0"	108	180	6'0"	324
6'1"	110	184	6'1"	331
6'2"	113	189	6'2"	340
6'3"	117	195	6'3"	351
6'4"	120	200	6'4"	360
6'5"	124	206	6'5"	371
6'6"	127	212	6'6"	382
6'7"	132	219	6'7"	395

## UNINSURABLE MEDICATIONS

\*\*Any Applicant using these medications for the conditions listed is not insurable.\*\*  
This is not a comprehensive list of uninsurable medications.

Medication	Condition
Abilify	Bipolar Disorder
Amiodarone	Arrhythmias; Ventricular (Codarone)
Arava	Rheumatoid Arthritis
Aricept	Dementia, Alzheimer's Disease
Arimidex	Breast Cancer
Artane	Parkinson's Disease
Asacol	Ulcerative Colitis
Betapace	Irregular Heart Rhythm Disorder
Betaseron	Multiple Sclerosis
Carbex	Parkinson's Disease, tremor
Carbidopa	Parkinson's Disease
Casodex	Advanced Prostate Cancer
Cerespan	Vasodilator – Circulation
Chlorpromazine	Psychotic Disorders
Cogentin	Parkinson's Disease
Cognex	Alzheimer's Disease
Comtan	Parkinson's Disease
Cyclospasmol	TIA, Dementia, Raynaud's
Cytoxan	Kidney Damage, Cancer
Dantrium	Multiple Sclerosis
Deltasone	(Prednisone) Treatment for various diseases
Demerol	Pain
Depen	Lupus, RA, Scleroderma
Digoxin	Heart Rhythm Disorder, CHF
Dipentum	Ulcerative Colitis
Dipyridamole	Prevents Blood Clots, Circulatory Disorder
Disopyramide	Heart Rhythm Disorder
Ditropan	Neurogenic Bladder
Dopar	Parkinson's Disease
Egoloid	Alzheimer's Disease, Dementia
Eldepryl	Parkinson's Disease
Eligard	Prostate Cancer
Enbrel	Rheumatoid Arthritis
Epogen	Chronic Kidney Failure, Severe Anemia
Eskalith	Bipolar Disorder
Exelon	Alzheimer's Disease
Galantamine	Alzheimer's Disease
Geodon	Antipsychotic
Gold Therapy	Rheumatoid Arthritis
Haldol	Antipsychotic
Heparin	Blood Thinner, Anticoagulant Therapy
Humira	Rheumatoid Arthritis

## UNINSURABLE MEDICATIONS

\*\*Any Applicant using these medications for the conditions listed is not insurable.\*\*  
This is not a comprehensive list of uninsurable medications.

Medication	Condition
Hydergine	Dementia
Imdur	Angina, Coronary Artery Disease, Heart Disease
Imuran	Crohn's Disease
Insulin	Regular, Lente, NPH, Humilin, Humalog, Novolin
Interferon	Hepatitis, Liver Disease, Cancer
Isordil	Angina
Isosorbide	Angina, Coronary Artery Disease
Kemadrin	Parkinson's Disease
Lanoxin	Arrhythmias, Heart Failure, Heart Disease
Leukoran	Cancer, Lupus, Scleroderma
Lithium	Bipolar Disorder
Megace	Cancer
Mellaril	Psychosis, Major Mental Disorders
Memantine	Alzheimer's Disease
Mesalamine	Ulcerative Colitis
Mestinon	Myasthenia Gravis
Methotrexate	Rheumatoid Arthritis, Cancer
Mirapex	Restless Leg Syndrome
Mithracin	Paget's Disease
Moban	Psychosis, Psychotic Disorders
Molindone	Psychotic Disorders
Morphine	Severe Pain
Mustargen	Cancer, Leukemia
Mutamycin	Cancer
Myleran	Leukemia
Myochrysine	Rheumatoid and Psoriatic Arthritis
Mytelase	Myasthenia Gravis
Naltrexone	Chronic Alcoholism
Namenda	Alzheimer's Disease
Navane	Psychosis, Mental Disorders
Neoral	Rheumatoid Arthritis, Psoriasis, Tissue Rejection
Neurontin	Neuropathy
Nitro-bid	Heart Disease
Nitroglycerin	Angina
Norpace	Arrhythmias
Olanzapine	Schizophrenia, Psychosis
Orap	Psychosis, Tourette's Syndrome
Pancrease	Chronic Pancreatitis
Papavarine	Brain Circulation
Parlodel	Parkinson's Disease
Pemax	Parkinson's Disease
Pentasa	Ulcerative Colitis

## UNINSURABLE MEDICATIONS

\*\*Any Applicant using these medications for the conditions listed is not insurable.\*\*  
This is not a comprehensive list of uninsurable medications.

Medication	Condition
Percodan	Pain
Persantine	Peripheral Vascular Disease, Circulatory Disorders
Plaquenil	Scleroderma, Lupus, Rheumatoid Arthritis
Prostigmin	Myasthenia Gravis
Provigil	Multiple Sclerosis, Narcolepsy
Purinethol	Leukemia
Quinidine Sulfate	Arrhythmias, Heart Disease, AIDS, ARC
Razadyne	Alzheimer's Disease
Remicade	Crohn's Disease, Rheumatoid Arthritis
Reminyl	Dementia, Alzheimer's Disease
Requip	Parkinson's Disease
Rheumatrex	Lupus, Scleroderma, Leukemia, Migraine Headaches
Ridural	Rheumatoid Arthritis, Psoriasis
Risperdal	Schizophrenia, Psychosis
Rowasa	Ulcerative Colitis
Sandinimume	Lupus, Scleroderma
Serentil	Psychosis, Schizophrenia
Seroquel	Psychosis, Schizophrenia
Sinemet	Parkinson's Disease
Stelazine	Psychosis, Mental Disorders
Sulfasalazine	Inflammatory Bowel Disease, Ulcerative Colitis, Rheumatoid Arthritis
Symmetrel	Parkinson's Disease
Tacrine	Dementia, Memory loss
Talwin	Pain
Tamoxifen	Breast Cancer
Thorazine	Psychosis
Ticlid	Stroke, Heart and Coronary Artery Disease, TIA
Transderm-Nitro	Angina
Trental	Peripheral Vascular Disease
Trilafon	Psychosis
Tylox	Pain
Urecholine	Neurogenic Bladder
Vasodilan	Cerebral Vascular Insufficiency
Viadur	Prostate Cancer
Vicodin	Severe Pain
Zoladex Implant	Prostate Cancer
Zyprexa	Schizophrenia, Psychotic Disorders

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## TERMS YOU SHOULD KNOW

These are terms you will encounter in the application which may need to be defined for clarification and understanding. The agent must never use this information to infer the presence of a disease.

**Abscess:** a cavity containing pus and surrounded by inflamed tissue, formed as a result of suppuration in a localized infection (characteristically, a staphylococcal infection).

**Addison's Disease:** A life threatening disease caused by partial or complete failure of the adrenal gland. Symptoms are weakness, darkening of the skin, weight loss, and stomach problems.

**Advice or Treatment:** "Advice or Treatment" means the active intervention by a health care provider, doctor, therapist, etc. to correct, cure or establish control of an abnormal medical condition. This includes the evaluation of, the prescribing and delivery of services and medications for this objective.

**AIDS:** (Acquired Immune Deficiency Syndrome) Transmissible viral disease due to infection with HIV.

**AIDS Related Complex (ARC):** A group of signs and symptoms representing a severe state of HIV infection.

**ALS (Lou Gehrig's Disease) (Amyotrophic Lateral Sclerosis):** A disease of the nerves that supply the muscles. Symptoms are wasting of muscles of the hands, forearms, and legs; then spreads to the rest of the body. There is no treatment for this disease.

**Alzheimer's Disease:** A form of brain disease. Symptoms are confusion, memory loss, restlessness, trouble moving, and speech problems.

**Angina:** Spasmodic, suffocating choking chest pain.

**Angioplasty:** Procedure to eradicate area in narrowing or disease in blood vessels by use of a balloon instrument.

**Arthritis:** Inflammation of the joints marked by pain, swelling, heat, degenerating cartilage and bone hypertrophy.

**Asthma:** A condition often of allergic origin that is marked by continuous or paroxysmal labored breathing accompanied by wheezing, by a sense of constriction in the chest, and often by attacks of coughing or gasping.

**Atrophy:** Wasting away of an organ, muscle or tissue.

**Blood Sugar:** Normal measurement tool is a 12-hour fasting blood sugar reading. Usually expressed as a numeric value with 100 as average. The "Normal" range for a non-diabetic is 70 to 120.

**Bypass:** A surgical procedure for the establishment of a shunt in order to bypass an obstruction if a main or vital artery becomes obstructed. The various procedures are named according to the arteries involved such as coronary artery to the heart or femoral artery to the leg.

**Cancer:** Neoplastic disease to any body tissue with multiplication of abnormal cells.

**Carotid Artery Disease:** Atheromatous plaques that occlude the carotid arteries.

**Cataracts:** A clouding of the eye or its surrounding transparent membrane that obstructs the passage of light.

**Cerebral Palsy:** A motor nerve disorder caused by permanent brain defect or an injury at birth or soon after.

**Chronic:** Persisting over a long period of time.

**Chronic Bronchitis:** Inflammation of the mucous membrane of the bronchial airways. Chronic bronchitis is marked by increased mucous secretion by the tracheobronchial tree. The productive cough is usually present for at least three months during two consecutive years.

**Chronic Cystitis:** Inflammation of the bladder usually occurring secondary to ascending urinary tract infections.

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**TERMS YOU SHOULD KNOW** (continued)

**COPD/COLD (Chronic Obstructive Pulmonary Disease/Chronic Obstructive Lung Disease):** An incurable condition in which lungs are able to take in less and less air over a period of time.

**Cirrhosis of the Liver:** A long-term disease of the liver in which the liver becomes covered with fiber-like tissue, causing the liver tissue to break down and become filled with fat. All functions of the liver then decrease, such as making of glucose and vitamin absorption.

**Congestive Heart Failure (CHF):** Failure of the heart to provide adequate circulation to the lungs and surrounding tissues resulting in fluid build-up around the heart causing compression of the lungs.

**Connective Tissue Disorders:** Group of disorders that affect tissues such as cartilage, bone, tendons, and blood vessels. The principal collagen vascular disorders include: Polymyositis, Polymyalgia, Rheumatica, Marfan syndrome, and Lupus.

**Coronary Artery Disease:** A condition (as sclerosis or thrombosis) that reduces the blood flow through the coronary arteries to the heart muscle. Also called coronary disease, coronary heart disease.

**Crohn's Disease:** Ileitis that typically involves the distal portion of the ileum, often spreads to the colon, and is characterized by diarrhea, cramping, and loss of appetite and weight with local abscesses and scarring. Also called regional enteritis, regional ileitis.

**Dementia:** Whether a dementia is reversible is determined after the fact. Delay in diagnosing the cause will allow continued brain cell destruction until the brain cannot reconfigure or reconstruct neuron patterns. Dementia is considered irreversible when the medical profession cannot stop the brain cell destruction or the destruction is too extensive.

**A. Reversible Dementias:** Delirium, Acute Confusion State or Acute Brain Syndrome.

**B. Irreversible Dementia** are usually caused by Alzheimer's Disease, multi-infarct dementia, central nervous system infection, brain trauma, brain tumor, Pernicious Anemia, Normal-pressure Hydrocephalus, Huntington's Chorea, Multiple Sclerosis and Parkinson's Disease.

**C. Senile Dementia:** Cognitive deficit including memory impairment occurring in the elderly.

**Diabetes:** Any of several metabolic disorders marked by persistent thirst and excessive discharge of urine.

**Diagnosis:** The determination of the nature of a case of disease.

**Disease:** A condition of abnormal vital function involving any structure, part, or system of an organism.

**Disorder:** Refer to disease.

**Dizziness:** A sensation of lightheadedness, whirling or a tendency to fall.

**Emphysema:** A chronic pulmonary disease marked by an abnormal increase in the size of air spaces distal to the terminal bronchiole with destructive changes in their walls.

**Enlarged Heart:** An increase in size of the heart muscle caused by exercise or a complication of hypertension (cardiac hypertrophy).

**Epilepsy:** A group of nervous system disorders that feature repeated episodes of convulsive seizures, sensory disorders, abnormal behavior, and blackouts.

**Fibromyalgia:** Group of nonarticular rheumatic disorders, characterized by tenderness, muscle, tendon pain, soft tissue pain, with multiple somatic complaints.

**Gout:** Joint pain caused by metabolic disorder resulting in crystal deposits and joint destruction

**Gangrene:** Necrosis or death of tissue, usually the result of loss of blood supply or bacterial invasion. The arms and legs are most often affected, but gangrene can occur in the intestines, gallbladder, or other organs.

**Heart Attack:** A condition caused by partial or complete blockage of one or more of the coronary arteries resulting in a dead tissue area in the heart muscle from lack of oxygen, (Myocardial Infarction or MI).

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**TERMS YOU SHOULD KNOW** (continued)

**Heart Disease:** Any pathological condition of the heart, such as Coronary Artery Disease, Angina Pectoris, Cardiomyopathy, Endocarditis, and Valve Disorders.

**Heart Valve Disease:** Disorder or abnormal findings within a heart valve.

**Heart Rhythm Disorder:** An irregularity or loss of normal heart rhythm (irregular heart- beat or arrhythmia).

**Heart Surgery:** Includes coronary bypass, coronary stent placement, heart valve replacement, and angioplasty.

**Hepatitis:** An inflammation of the liver. The primary clinical signs are jaundice and an enlarged liver (hepatomegaly).

**HIV Infection:** Refers to being infected by the virus which causes AIDS.

**Hodgkin's Disease:** Malignant tumor originating in the lymph nodes which can spread to vital organs.

**Internal Cancer:** (CA) Refers to cancer anywhere inside the body.

**Irregular Heartbeat:** Abnormal electrical conduction through the heart specialized pathways causing irregular beats.

**Kidney Dialysis:** A method for removing unwanted elements from the blood when the kidneys have ceased their natural functioning.

**Kidney Failure:** The inability of the kidney to work. It features very low amounts of urine and rapid buildup of nitrogen wastes in the blood.

**Leukemia:** A malignancy of the blood forming cells in the bone marrow. Immature white cells appear in circulation.

**Lupus:** An inflammatory connective tissue disorder that occurs mainly in women of child-bearing age, but also in older people.

**Lymphoma:** A neoplastic, malignant disease of the lymphoid tissue.

**Malignant:** Describing a tumor that is cancerous, which may involve many organs, and spreading.

**Melanoma:** A malignant, darkly pigmented mole or tumor of the skin.

**Mental Disorder:** Any disorder of emotional balance as shown in abnormal behavior or mental problems. It is caused by genetic, physical, chemical, biologic, mental or social and cultural factors.

**Multiple Sclerosis (MS):** A disease marked by loss of myelin covering of nerve fibers of the brain and spinal cord. Symptoms are muscle weakness, dizziness, vision disturbances, loss of muscle tone and ultimately paralysis.

**Muscular Dystrophy:** A group of diseases that feature weakness and wasting of skeletal muscles. It affects both sexes and is usually inherited.

**Myasthenia Gravis:** An abnormal condition of long-term weakness of muscles. It especially occurs in the face, throat, and then breathing muscles.

**Narcolepsy:** Recurrent, uncontrollable episodes of sleep.

**Nephritis:** Inflammation of the kidney due to bacteria or their toxins, such as streptococcal infections, diphtheria, septicemia, or toxic substances.

**Nervous Disorder:** Any mental or nervous condition that disrupts normal functioning.

**Neuropathy:** An abnormal condition with inflammation and wasting of the nerves.

**Organic Brain Disorder:** Any mental or behavior problem caused by a physical problem of brain tissue.

**Osteoporosis:** A loss of normal bone density with thinning of bone tissue and the growth of small holes in the bone.



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**TERMS YOU SHOULD KNOW** (continued)

**Ostomy:** An artificial opening in the body. Commonly used to allow the release of urine, stool or some bodily secretion.

**Pacemaker:** Device that uses electrical impulses to regulate or control heart rhythms.

**Paget's Disease:** A bone disease of unknown cause, usually affecting older people.

**Pancreas:** A fish-shaped, grayish-pink gland about 5 inches long that stretches across the back of the abdomen, behind the stomach.

**Pancreatic Disorder:** Abnormal condition, disease, or impairment of the pancreas.

**Paralysis:** The loss of muscle use or the loss of feeling, or both. It may be caused from injury, disease, or poisoning.

**Parkinson's Disease:** A nervous system disorder caused by damage to nerves in the brain. Symptoms include rigid muscles, mild paralysis, slow shuffling gait, difficult chewing, swallowing and speaking.

**Peripheral Vascular Disease (PVD):** A disease of the arteries and veins of the extremities that interferes with adequate flow of blood.

**Phlebitis:** Inflammation or infection in a vein.

**Prostate:** A gland in men that surrounds the neck of the bladder and the urethra.

**Prostate Disorder:** Abnormal condition, disease or impairment of the prostate gland.

**Prosthetic Device:** An object or agent that serves as a substitute for various body parts.

**Psychiatric Treatment:** Treatment for a psychiatric disorder such as depression, mental or nervous condition.

**Remission:** Partial or complete lack of symptoms of a long-term disease.

**Renal Insufficiency:** Inability of the renal system to perform its necessary function adequately.

**Rheumatoid Arthritis (RA):** A long-term, destructive connective tissue disease that results from the body rejecting its own tissue cells (autoimmune reaction).

**Rheumatism:** Multiple disorders with marked inflammation, degeneration or metabolic derangement of connective tissue structure, especially in the joints.

**Seizure Disorders (Convulsions):** A sudden violent uncontrollable contraction of a group of muscles. May occur with epilepsy or with brain concussions.

**Shunts:** Surgically created union, a bypass created manually.

**Sleep Apnea:** Transient attacks of failure to automatically control one's breathing with decreased respiration (may be central or obstructive).

**Stent:** Artificial device inserted into an organ, vein, or artery to promote/allow continued function or treat disorder within same.

**Stroke:** A blood clot or bleeding in the brain causing lack of oxygen to the brain tissues (CVA).

**TIA (Transient Ischemic Attack):** Temporary interference with blood supply to the brain causing stroke-like symptoms without residual impairments after 24 hours.

**Ulcerative Colitis:** An inflammatory disease of the colon that is characterized by diarrhea with discharge of mucus and blood, cramping abdominal pain, and inflammation and edema of the mucous membrane with patches of ulceration.

**Vertigo:** A feeling of faintness, dizziness, or an inability to keep normal balance in a standing or seating positions.

**QUICK REFERENCE CHART SPECIAL ENROLLMENT PERIODS      Less than Age 65**

State	Conditions	Plan(s) Available Open Enrollment	Documentation Required for Open Enrollment	Plan(s) Available Guarantee Issue
<input type="checkbox"/> CA	6 months after: Part B effective date or notice of eligibility Receipt of notice of termination of employment (including COBRA) Termination of military coverage Receipt of notice of termination due to divorce or death Move to residence out of service area Notice of termination of Medi-Cal 30 days after birthday	A, B, C, F A, B, C, F A, B, C, F A, B, C, F A, B, C, F A, B, C, F Equal or lesser	Copy of Medicare Card Copy of Medicare Card Copy of Medicare Card Copy of Medicare Card Copy of Medicare Card Copy of Medicare Card	A, B, C, F or F(HD) A, B, C, F or F(HD) A, B, C, F or F(HD) A, B, C, F or F(HD) A, B, C, F or F(HD) A, B, C, F or F(HD)
<input type="checkbox"/> CO	6 months after Part B effective date  Creditable coverage cannot be more than 63 days voluntary termination of group coverage  Creditable coverage cannot be more than 6 months involuntary termination of group coverage	All Plans Marketed	Copy of Medicare Card	
<input type="checkbox"/> DE	6 months after Part B effective date	All Plans Marketed	Copy of Medicare Card	
<input type="checkbox"/> IL	6 months after Part B effective date  6 months after termination of group health coverage	All Plans Marketed  All Plans Marketed	Copy of Medicare Card	A, B, C, F or F(HD)
<input type="checkbox"/> KS	6 months after Part B effective date  63 days from loss of Medicaid	All Plans Marketed  All Plans Marketed	Copy of Medicare Card  Copy of Medicaid Termination Letter	A, B, C, F or F(HD)
<input type="checkbox"/> KY	under age 65 applicants with completed underwriting questions	N/A	No Open Enrollment period for under 65	A, B, C, F or F(HD)
<input type="checkbox"/> LA	6 months after Part B effective date	All Plans Marketed	Copy of Medicare Card	A, B, C, F or F(HD)
<input type="checkbox"/> MD	6 months after Part B effective date  6 months after termination from MD Health Insurance Plan	Plans A and C  All Plans Marketed	Copy of Medicare Card  Copy of Termination Letter	A and C
<input type="checkbox"/> MI	90 days before/90 days after termination of group coverage or eligibility for Medicare  180 days after termination of group coverage continuation/conversion situations only	Plans A and C  Plans A and C	Copy of Medicare Card  Copy of Medicare Card	A and C
<input type="checkbox"/> MO	6 months after Part B effective date  30 days of annual policy anniversary	All Plans Marketed  Same Plan Only	Copy of Medicare Card  Copy of Schedule Page	A, B, C, F or F(HD)  Same Plan Only
<input type="checkbox"/> MS	6 months after Part B effective date	All Plans Marketed	Copy of Medicare Card	A, B, C, F

**QUICK REFERENCE CHART SPECIAL ENROLLMENT PERIODS**      **Less than Age 65** *(continued)*

State	Conditions	Plan(s) Available Open Enrollment	Documentation Required for Open Enrollment	Plan(s) Available Guarantee Issue
<input type="checkbox"/> NC	6 months after Part B effective date 63 days from termination of a managed care plan	Plan A, C and F Plans A and C	Copy of Medicare Card	A and C
<input type="checkbox"/> OK	6 months after Part B effective date	Plan A only	Copy of Medicare Card	A Only
<input type="checkbox"/> OR	6 months after Part B effective date	All Plans Marketed	Copy of Medicare Card	A, B, C, F or F(HD)
<input type="checkbox"/> PA	6 months after Part B effective date	All Plans Marketed	Copy of Medicare Card	A, B, C, F or F(HD)
<input type="checkbox"/> SD	6 months after Part B effective date	All Plans Marketed	Copy of Medicare Card	A, B, C or F
<input type="checkbox"/> TX	6 months after Part B effective date 63 days from loss of Medicaid	Plan A only Plan A only	Copy of Medicare Card Copy of Medicaid Termination Letter	A Only
<input type="checkbox"/> WI	6 months after Part B effective date Can apply for riders any time with underwriting	Base Plan + any riders	Copy of Medicare Card	Base Plan + any riders

**QUICK REFERENCE CHART SPECIAL ENROLLMENT PERIODS      Age 65 and Older**

State	Conditions	Plan(s) Available Open Enrollment	Documentation Required for Open Enrollment	Plan(s) Available Guarantee Issue
<input type="checkbox"/> CA	6 months after: Part B effective date or notice of eligibility Receipt of notice of termination of employment (including COBRA) Termination of military coverage Receipt of notice of termination due to divorce or death Move to residence out of service area Notice of termination of Medi-Cal 30 days after birthday	A, B, C, F A, B, C, F A, B, C, F A, B, C, F A, B, C, F A, B, C, F Equal or lesser	Copy of Medicare Card Copy of Medicare Card Copy of Medicare Card Copy of Medicare Card Copy of Medicare Card Copy of Medicare Card	A, B, C, F or F(HD) A, B, C, F or F(HD) A, B, C, F or F(HD) A, B, C, F or F(HD) A, B, C, F or F(HD) A, B, C, F or F(HD)
<input type="checkbox"/> CO	Creditable coverage cannot be more than 63 days voluntary termination of group coverage  Creditable coverage cannot be more than 6 months involuntary termination of group coverage			A, B, C, F or F(HD)
<input type="checkbox"/> DE	6 months after Part B effective date	All Plans Marketed	Copy of Medicare Card	All Plans
<input type="checkbox"/> MD	63 days after termination of group coverage	All Plans Available	Copy of Termination Letter	All Plans
<input type="checkbox"/> MO	30 days of annual policy anniversary	Same Plan Only	Copy of Schedule Page	A, B, C, F or F(HD)
<input type="checkbox"/> WA	63 days after termination of group coverage	Same or more comprehensive	Copy of Schedule Page	Same or more comprehensive

## GUARANTEE ISSUE – ELIGIBILITY CRITERIA

### **MEDICARE ADVANTAGE, PRIVATE FEE-for-SERVICE OR PACE**

◆ **Plan no longer participates in Medicare Program or withdraws from the area  
Individual moves out of Plan’s service area (The state of CA includes if the Medicare Advantage Plan decreases benefits or increases cost sharing amount)**

- Eligible to apply for Plans A, B, C, F or F(HD) (Any plan sold is available in WA)
- Must apply within 63 days after Plan’s termination (90 days for WY and 123 days for CA)
- Must submit evidence of plan termination

◆ **Medigap policy dropped to join above mentioned plans or Medicare SELECT policy for the first time, and then leaves that plan within one year to re-apply for Medigap policy -- Must return to original carrier to apply for the same plan**

- If former Medigap policy is not available, then eligible for plans A, B, C, F or F(HD)
- Must apply within 63 days after Plan’s termination
- Documentation needed – (1) Medigap disenrollment, (2) current plan enrollment and disenrollment, **AND** (3) proof that original Medigap plan is no longer available [examples for items (1) & (2) -- ID cards, letters, schedule pages]

◆ **Special Age Eligibility -- if first enrolled in above mentioned plans at age 65 (or when eligible for Open Enrollment) and leave the plan within one (1) year**

- Eligible for any plan
- Must apply within 63 days of termination
- Evidence of plan termination

### **GROUP PLAN (COBRA INCLUDED) – Must submit Letter of Creditable Coverage or termination letter**

- Enrolled under a group plan that either supplements or is primary to Medicare
  - a) plan terminates, or
  - b) ceases to provide benefits because the individual leaves the group plan. COBRA benefits must be exhausted (usually 18-24 months)
- Plan A, B, C, F or F(HD) (Any plan is available in WA)
- Must apply within 63 days of termination
- Applicants still in age 65 six month open enrollment, all plans available

## MEDICAID SUSPENSION

### **MEDICAID SUSPENSION**

- You can put your Medigap policy on hold (suspend) within 90 days of getting Medicaid.
- You will not have to pay your Medigap policy premiums while it is suspended.
- Your Medigap policy will not pay benefits while the Medigap policy is suspended.
- You can suspend a Medigap policy for up to two years.
- At the end of the suspension, you can restart the Medigap policy without new medical underwriting for pre-existing condition waiting periods.