

IAC

Medicare Supplement
Underwriting Guide

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INTRODUCTION

This guide provides information about the evaluation process used in the underwriting and issuing of Medicare supplement insurance policies for Individual Assurance Company (“IAC”). Our goal is to process each application as quickly and efficiently as possible while assuring proper evaluation of each risk. To ensure we accomplish this goal, the producer or applicant will be contacted directly by underwriting if there are any problems with an application.

CONTACTS

Addresses for Mailing New Business and Delivery Receipts

Administrative Office Mailing Information

Mailing Address

Individual Assurance Company
PO Box 3270
Salt Lake City, UT 84110-3270

Overnight/Express Address

Individual Assurance Company
3 Triad Center Suite 200
Salt Lake City, UT 84180

Premium Payment Address

Individual Assurance Company
PO Box 3568
Salt Lake City, UT 84110-3568

FAX Number for New Business

385-207-7882

Online Forms, General and State Specific

www.IACAgent.com

Important Phone Numbers

Area	Phone Number
Policyowner Service	888-524-3629
Policyowner Service Fax	385-207-7884
Tele-Underwriting	888-352-5158
Underwriting Fax	385-207-7882
Agency Services	844-502-6780
Agency Services Fax	801-447-6925

POLICY ISSUE GUIDELINES

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

Open Enrollment

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

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

Additional Open Enrollment Periods for Residents of the Following State:

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

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

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

States with Under Age 65 Requirements

California	Plans A and F available. Open enrollment if applied for within six months of Part B enrollment. Not available for individuals with end stage renal disease.
Colorado	All plans available. Open enrollment if applied for within six months of Part B enrollment.
Delaware	All plans available. Open enrollment if applied for within six months of Part B enrollment.
Illinois	All plans available. Open enrollment if applied for within six months of Part B enrollment.
Kansas	All plans available. Open enrollment if applied for within six months of Part B enrollment.
Kentucky	All plans available. No open enrollment. All applications are underwritten.
Louisiana	All plans available. Open enrollment if applied for within six months of Part B enrollment
Maryland	Plan A is available. Open enrollment if applied for within six months of Part B enrollment.
Minnesota	All plans and riders available. Open enrollment if applied for within six months of Part B enrollment.
Mississippi	All plans available. Open enrollment if applied for within six months of Part B enrollment.

Missouri	All plans available. Open enrollment if applied for within six months of Part B enrollment.
Montana	All plans available. Open enrollment if applied for within six months of Part B enrollment
New Jersey	Plan C available to people ages 50-64. Open enrollment if applied for within six months of Part B enrollment
North Carolina	Plans A & F available. Open enrollment if applied for within six months of Part B enrollment.
Oklahoma	Plan A is available. Open enrollment if applied for within six months of Part B enrollment.
Oregon	All plans available. Open enrollment if applied for within six months of Part B enrollment.
Pennsylvania	All plans available. Open enrollment if applied for within six months of Part B enrollment.
South Dakota	All plans available. Open enrollment if applied for within six months of Part B enrollment.
Tennessee	All plans available. Open enrollment if applied for within six months of Part B enrollment for persons no longer having access to alternative forms of health insurance coverage due to termination or action unrelated to the individuals status, conduct or failure to pay premium or persons being involuntarily dis-enrolled from Title XIX (Medicaid) or Title XXI (State Children’s Health Insurance Program) of Social Security Act. Alternative forms of health insurance in the statement above include accident and sickness policies, employer sponsored group health coverage or Medicare Advantage plans.
Texas	Plan A is available. Open enrollment if applied for within six months of Part B enrollment.
Wisconsin	Base policy and riders are available. Open enrollment if within six months of Part B enrollment.

Selective Issue

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

In addition to the health questions, the applicant’s height and weight will be taken into consideration when determining eligibility for coverage. Coverage will be declined for those applicants who are outside the established height and weight guidelines. In the state of California premium rate-ups do not apply.

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

Application Dates

- **OPEN ENROLLMENT** – Up to six months prior to the month the applicant turns age 65
- **UNDERWRITTEN** – Up to 60 days prior to the requested coverage effective date
- **GROUP HEALTH** – Individuals whose employer group health plan coverage is ending can apply up to three months prior to the requested effective date of coverage.
- **West Virginia** – Applications may be taken up to 30 days prior to the effective date of their Medicare eligibility due to age.
- **Wisconsin** – Applications may be taken up to three months prior to an applicant’s Medicare eligibility date.

Coverage Effective Dates

Coverage will be made effective as indicated below:

1. Between age 64 ½ and 65 – The first of the month the individual turns age 65.
2. All Others – Application date or up to 60 days from the application date.

Reinstatements

When a Medicare supplement policy has lapsed and it is within 150 days of the last paid to date, coverage may be reinstated, based upon meeting the underwriting requirements.

When a Medicare supplement policy has lapsed and it is more than 150 days beyond the last paid to date, the coverage cannot be reinstated. The client may, however, apply for new coverage. All underwriting requirements must be met before a new policy can be issued.

Replacements

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

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

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

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

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

Telephone Interviews

The underwriting department may call your applicant to verify personal and health information on underwritten cases. Please advise your client that they may receive a call during the underwriting process. Your applicant should be ready to answer any personal and health information related to their application. Applications requiring a telephone interview may be declined if we are unable to complete an interview.

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

Pharmaceutical Information

Individual Assurance Company has implemented a process to support the collection of pharmaceutical information for underwritten Medicare supplement applications. In order to obtain the pharmaceutical information as requested, please be sure to include a completed Authorization to Disclose Personal Information (HIPAA) form with all underwritten applications. Prescription information noted on the application will be compared to the additional pharmaceutical information received. This additional information will not be solely used to decline coverage.

Policy Delivery Receipt

Delivery Receipts are required on all policies issued in Kentucky, Louisiana, Nebraska and West Virginia.

Two copies of the delivery receipt will be included in the policy package. One copy is to be left with the client. The second copy must be returned to IAC in the postage-paid envelope, once the policy has been delivered. If policies in Kentucky or Nebraska are mailed directly to the insured, the policy delivery receipt is not needed.

Guaranteed Issue Rules

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

Note: Not all plans offered are available guaranteed issue.

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

Group Health Plan Proof of Termination

Proof of Involuntary Termination

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

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

Proof of Voluntary Termination

Under the state specific voluntary terminations scenarios, the following proof of termination is required along with completing the Medicare and Insurance Information section on the Medicare supplement application:

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

Guaranteed Issue Rights for Voluntary Termination of Group Health Plan

State	Qualifies for Guaranteed Issue...
AK, CO, ID, IN, IL, LA, MT, NV, NJ, OH, TX, PA,	If the employer sponsored plan is primary to Medicare.
AR, KS, MO, SD	No conditions – always qualifies.

CA	If the employer sponsored plan's benefits are reduced, with Part B coinsurance no longer being covered.
IA	If the employer sponsored plan's benefits are reduced, but does not include a defined threshold
NM, OK, VA, WV	If the employer sponsored plan's benefits are reduced substantially.

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

Additional State Specific Guaranteed Issue Rights

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

Wisconsin All plans and riders available for all guaranteed issue situations.

Oregon All plans available for all guaranteed issue situations.

Guaranteed Issue Rights for Loss of Medicaid Qualification

State	Guaranteed Issue Situation	Client has the right to buy...
CA	Client is enrolled in Medicare Part B, and as a result of an increase in income or assets, is no longer eligible for Medi-Cal benefits, or is only eligible for Medi-Cal benefits with a share cost and certify at the time of application that they have not met the share cost. Open enrollment beginning with notice of termination and ending six months after the termination date.	<u>65 years or older</u> any Medigap plan offered by any issuer. <u>Under Age 65</u> Plans A, F & M. Not available for individuals with end stage renal disease.
KS	Client loses eligibility for health benefits under Medicaid. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.	any Medigap plan offered by any issuer.
MT	Client is enrolled in Medicaid and is involuntarily terminated. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.	any Medigap plan offered by any issuer.
OR	Client is enrolled in an employee welfare benefit plan or a state Medicaid plan that provides health benefits that supplement the benefits under Medicare, and the plan terminates or the plan ceases to provide all such supplemental health benefits. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.	Medigap Plan A, B, C, D, F (including F with a high deductible), G, K, L, M, or N offered by any issuer.
TN	Client, age 65 and older covered under Medicare Part B, enrolled in Medicaid (TennCare) and the enrollment involuntarily ceases, is in a Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date. Client, under age 65 , losing Medicaid (TennCare) coverage have a six month Open Enrollment period beginning on the	Medigap Plan A, B, C, F (including F with a high deductible), K or L offered by any issuer. Any Medigap plan offered by any issuer.

	date of involuntary loss of coverage.	
TX	Client loses eligibility for health benefits under Medicaid. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.	Medigap Plan A, B, C, F (including F with a high deductible), K or L offered by any issuer; except that for persons under 65 years of age, it is a policy which has a benefit package classified as Plan A.
UT	Client is enrolled in Medicaid and is involuntarily terminated. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.	Medigap Plan A, B, C, F (including F with a high deductible), K or L offered by any issuer.
WI	Client is eligible for benefits under Medicare Parts A and B and is covered under the medical assistance program and subsequently loses eligibility in the medical assistance program. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.	Wisconsin's Basic Medicare supplement policy or certificate, along with any offered rider.

MEDICARE ADVANTAGE (MA)

Medicare Advantage (MA) Annual Election Period

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

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

Medicare Advantage (MA) Proof of Dis-enrollment

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

Dis-enroll during AEP and MADP

- Complete the Medicare and Insurance Information section on the Medicare supplement application; and
- Send **ONE** of the following with the application
 - a. A copy of the applicant's MA plan's termination notice
 - b. Image of insurance ID card (only allowed if MA plan is being terminated)

If an individual is dis-enrolling outside AEP/MADP

- Complete the Medicare and Insurance Information section on the Medicare supplement application; and
- Send a copy of the applicant's MA plan's disenrollment notice with the application.

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

Guaranteed Issue Rights

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

Note: Not all plans offered are available guaranteed issue. Plan selection is subject to availability in any particular state.

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

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

PREMIUM

Calculating Premium

Utilize Outline of Coverage

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

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

Tobacco rates

Tobacco rates DO NOT apply during Open Enrollment or Guaranteed Issue situations in the following states:

- California
- Colorado
- Illinois
- Iowa
- Kentucky
- Louisiana
- Maryland
- Missouri
- New Jersey
- North Carolina
- North Dakota
- Ohio
- Pennsylvania
- Tennessee
- Virginia
- Utah
- Wisconsin

This policy contains a 7% household discount available to applicants residing with at least one, but no more than three other adults. Only one applicant needs to apply to qualify for the discount. Refer to the premium calculation sheet included in the application packet for assistance with calculating the discount.

<u>The household discount is available to:</u>	<u>State</u>
<u>HHD Rule 1:</u> <ul style="list-style-type: none"> <u>Individuals who, for the last consecutive twelve (12) months, have resided with at least one, but no more than three adults; or</u> <u>Individuals who live with another adult to whom they are married, or with whom they are in a civil union partnership.</u> 	<u>All states not indicated below.</u>
<u>HHD Rule 2:</u> <ul style="list-style-type: none"> <u>Individuals who, for the last consecutive twelve (12) months, have resided with at least one, but no more than three adults; or</u> <u>Individuals who live with another adult to whom they are married, or with whom they are in a civil union partnership, AND</u> <u>Who has an existing Medicare supplement policy with IAC.</u> 	<u>IL, ND, NJ, OH</u>
<u>Household Discount is not available in the following states:</u>	<u>ID, MN</u>

Types of Medicare Policy Ratings

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

Rate Type Available by State

State	Tobacco / Non-Tobacco Rates	Gender Rates	Attained, Issue, or Community	Tobacco Rates During Open	Enrollment/ Policy Fee	Household Discount
AL	Y	Y	A	Y	Y	Y
AK	Y	Y	A	Y	Y	Y
AR	Y	N	C	N	Y	Y
AZ	Y	Y	I	Y	Y	Y
CA	Y	N	A	N	N	Y
CO	Y	Y	A	N	Y	Y
DE	Y	Y	A	Y	Y	Y
IA	Y	Y	A	N	Y	Y

ID	Y	N	I	Y	Y	N
IL	Y	Y	A	N	Y	Y
IN	Y	Y	A	Y	Y	Y
KS	Y	Y	A	Y	Y	Y
KY	Y	Y	A	N	Y	Y
LA	Y	Y	A	N	Y	Y
MD	Y	Y	A	N	Y	Y
MN	Y	Y	C	Y	Y	N
MS	Y	Y	A	Y	Y	Y
MO	Y	Y	I	N	Y	Y
MT	Y	N	A	Y	Y	Y
NC	Y	N	A	N	Y	Y
ND	Y	Y	A	N	Y	Y
NE	Y	Y	A	Y	Y	Y
NJ	Y	Y	A	N	Y	Y
NM	Y	Y	A	Y	Y	Y
NV	Y	Y	A	Y	Y	Y
OH	Y	Y	A	N	Y	Y
OK	Y	Y	A	Y	Y	Y
OR	Y	Y	A	Y	Y	Y
PA	Y	Y	A	N	Y	Y
SC	Y	Y	A	Y	Y	Y
SD	Y	Y	A	Y	Y	Y
TN	Y	Y	A	N	Y	Y
TX	Y	Y	A	Y	Y	Y
UT	Y	N	A	N	Y	Y
VA	Y	Y	A	N	Y	Y
WV	Y	Y	A	Y	N	Y
WI	Y	Y	A	N	Y	Y
WY	Y	Y	A	Y	Y	Y

Height and Weight Chart

Eligibility

To determine whether your client may qualify for coverage, locate their height and weight in the chart below. If the weight is in the Decline column, the applicant is not eligible for coverage at this time.

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

Enrollment/Policy Fee

There will be a one-time enrollment/policy fee of \$25.00 that will be collected with each applicant's initial payment. There is no enrollment/policy fee in California and West Virginia. This will not affect the renewal premiums. There's a one-time \$6.00 policy fee in Mississippi.

Collection of Premium

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

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

- Acceptable forms of payments include EFT and personal checks. Third party checks will not be accepted.
- EFT is the only allowable form of payment for the Tele-application process. A paper application should be used if applicant is paying with direct bill.

In California, only one month's premium can be submitted with the application.

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

Renewal Premium

For monthly Bank Draft, the "Bank Draft Date" must be within 10 days of the effective date. If the draft date is more than 10 days from the initial premium, we will draft in advance.

Example: If a policy is issued on the 1st of the month with a request to draft on the 15th, we will draft on the 15th of the preceding month; 15 days before the first renewal date.

Bank Drafts can only be drawn on the 1st day of the month through the 28th. The actual date we draw payment from the applicant's account will be on or shortly after the chosen date, never before. Please include a voided check or a bank deposit slip with the application packet when selecting the Bank Draft option.

Business Checks

Business checks are only acceptable if they are submitted for the business owner or the owner's spouse.

Premium Receipt and Notice of Information Practices

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

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

Shortages

Individual Assurance Company will communicate with the producer by telephone, e-mail or FAX in the event of a premium shortage. The application will be held in pending until the balance of the premium is received. Producers may communicate with Underwriting by calling 888-524-3629 or by FAX at 385-207-7884.

Refunds

IAC will make all refunds to the applicant in the event of rejection, incomplete submission, overpayment, cancellations, etc.

General Administrative Rule – 12-Month Rate Guarantee

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

APPLICATION

Properly completed paper applications should be finalized within 4-7 days of receipt at IAC's administrative office. The ideal turnaround time provided to the producer is 10-12 days, including mail time. Tele-Applications are generally processed and mailed within 24 hours of completing an interview. Time service may vary during times of high volume such as the Annual Enrollment Period.

Application Sections

The application must be ***completed in its entirety***. Review applications for the following information before submitting.

PERSONAL INFORMATION & PLAN SELECTION SECTION (Part I & II)

Complete in full:

- Full NAME (as shown on his/her Medicare ID Card) of applicant
- RESIDENCE ADDRESS
- PLAN APPLYING FOR
- MEDICARE ID NUMBER (also referred to as the Health Insurance Claim (HIC) number, this is vital for electronic claims payment)
- AGE and DATE OF BIRTH of applicant, make sure age is the **exact age of applicant**, as of the **application date**
- GENDER and HEIGHT/WEIGHT (height/weight are required on underwritten cases)
- Indicate if the applicant has used any tobacco products in the last 12 months.

ELIGIBILITY SECTION (Part III)

Complete in full:

- Indicate if the applicant is covered under Parts A and B of Medicare
- Indicate if the applicant turned 65 in the last 6 months

MEDICARE & INSURANCE INFORMATION SECTION (Part IV)

Verify if the applicant is covered through his/her state Medicaid program.

If Medicaid is paying for benefits beyond the applicant's Part B premium or the Medicare supplement premium for this policy, then the applicant is not eligible for coverage

- If **leaving a Medicare Advantage plan**: complete QUESTION 3 and the Replacement Notice
- If **replacing another Medicare supplement policy**: complete QUESTION 4 and the Replacement Notice
- If applicant has had any other health insurance coverage in the past 63 days, including coverage through a union plan, employer group health plan, or other non-Medicare supplement coverage, complete QUESTION 5

GENERAL INFORMATION & GUARANTEE ISSUE ELIGIBILITY SECTIONS (Part V & VI)

- Have applicant read this page, regarding medical coverage topics, prior to signing the application
- If applying during Guarantee Issue, elect the scenario that applies

HOUSEHOLD PREMIUM DISCOUNT INFORMATION SECTION (Part VII)

- Indicate if the applicant is eligible for the household discount.
- Provide household resident information and relationship to applicant.

PREMIUM PAYMENT & ADMINISTRATION SECTION (Part VIII)

Complete in full:

- MODAL PREMIUM, POLICY FEE, and TOTAL SUBMITTED PREMIUM (Modal Prem. + Policy Fee)
 - Select the "DRAFT INITIAL PREMIUM" checkbox, *if* applicant wants premiums drafted from their bank account instead of direct billing
- REQUESTED EFFECTIVE DATE –Can be elected on the application date and up to 60 days thereafter on underwritten business

- METHOD OF PAYMENT – Select desired frequency of premium payments from one of the following:
 - Annual (payment made every 12 months)
 - Semiannual (every six months)
 - Quarterly (every three months), or
 - Monthly Bank Draft (every month), *monthly premium payments cannot be direct bill*
- If authorizing bank draft payments:
 - Select the Monthly Bank Draft checkbox
 - Indicate if account is CHECKING or SAVINGS, and provide the \$ AMOUNT to be drafted
 - Provide ROUTING & ACCOUNT numbers, indicate desired BANK DRAFT DAY (*e.g. 1st-28th of the month*)
 - Provide BANK NAME, NAME OF DEPOSITOR(S), and provide depositor SIGNATURE

NOTE: INCLUDE A VOIDED CHECK WITH THE APPLICATION, if opting for bank draft payments. EFT is the only allowable form of payment for the Tele-application process. A paper application should be used if applicant is paying with direct bill.

MEDICAL QUESTIONS SECTION (Part IX)

- Applicants applying during Open Enrollment or Guaranteed Issue periods, do NOT need to answer the HEALTH QUESTIONS (1-17). **Note: Be sure to include proof of OE or GI eligibility**
- Applicants not considered to be in Open Enrollment or Guaranteed Issue periods need to answer all HEALTH QUESTIONS (1-17) on *Page 5* and prescription medication information on *Page 6*, if applicable.

In order to be considered eligible for coverage, all health questions (1-17) must be answered “No.”
- Provide the applicant’s PRIMARY CARE PHYSICIAN INFORMATION on *Page 6*

AGREEMENT & ACKNOWLEDGEMENT SECTION (Part X)

- Applicant acknowledges receiving the Guide to Health Insurance and Outline of Coverage
Agent required to leave these two documents with the client at the time the application is completed.
- Applicant agrees to the Authorization to Disclose Personal Information
- Applicant signs and dates application

If someone other than the applicant is signing the application (i.e., Power of Attorney), please include copies of the papers appointing that person as the legal representative. POA applications are only allowed during Open Enrollment and Guarantee Issue periods.

PRODUCER SUPPLEMENT SECTION (Part XI)

- Representative/Agent(s) to complete information in this section, including:
 - Did you meet with the Applicant in person?
 - Did you complete this Application over the phone?
 - State the name and relationship of any other person present when this Application was taken.
 - Did you review the Application for correctness and any omissions?
 - Did the Applicant review the Application for correctness and any omissions?
 - Are you related to the Proposed Insured? If yes, provide relationship.
 - Listing of in force policies/certificates previously sold to the applicant.
 - Agent name(s), signature(s), and date to acknowledge/certify requirements listed (accuracy, provide client with required documents)
 - Commission split, if applicable.

HEALTH QUESTIONS

Unless an application is completed during open enrollment or a guaranteed issue period, all health questions, including the question regarding prescription medications, must be answered. Our general underwriting philosophy is to deny Medicare supplement coverage if any of the health questions are answered “Yes, including “Not Sure” in California. For a list of uninsurable conditions and the related medications associated with these conditions, please refer to the next two sections in this guide.

There may, however, be situations where an applicant has been receiving medical treatment or taking prescription medication for a long-standing and controlled health condition.

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

If you have questions about the interpretation of health questions 6 & 7, addressing diabetes, on the application, please see the information below.

People with diabetes that has ever required more than 50 units of insulin daily are not eligible for coverage.

People with diabetes (diet controlled, insulin dependent or treated with oral medications) who also have one or more of the complicating conditions listed in question 6 on the application, are not eligible for coverage. Some additional questions to ask your client to determine if he/she does have a complication include:

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

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

Uninsurable Health Conditions

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

<p>AIDS</p> <p>Alzheimer's Disease</p> <p>ARC</p> <p>Any cardio-pulmonary disorder requiring oxygen</p> <p>Cirrhosis</p> <p>Chronic Hepatitis</p> <p>Chronic Hepatitis B</p> <p>Chronic Hepatitis C</p> <p>Chronic Hepatitis D</p> <p style="padding-left: 20px;">Autoimmune Hepatitis</p> <p style="padding-left: 20px;">Chronic Active Hepatitis</p> <p style="padding-left: 20px;">Chronic Steatohepatitis</p> <p style="padding-left: 20px;">Chronic Obstructive Pulmonary Disease ("COPD")</p> <p style="padding-left: 20px;">Other chronic pulmonary disorders to include:</p> <p style="padding-left: 40px;">Asbestosis</p> <p>Bronchiectasis</p> <p>Chronic bronchitis</p> <p style="padding-left: 20px;">Chronic Cardiopulmonary Disease</p> <p style="padding-left: 20px;">Chronic obstructive lung disease ("COLD")</p> <p style="padding-left: 20px;">Chronic asthma</p> <p style="padding-left: 20px;">Chronic interstitial lung disease</p> <p style="padding-left: 20px;">Chronic pulmonary fibrosis</p> <p style="padding-left: 20px;">Cystic fibrosis</p> <p style="padding-left: 20px;">Pulmonary Hypertension</p> <p style="padding-left: 20px;">Sarcoidosis</p> <p style="padding-left: 20px;">Scleroderma</p>	<p>Chronic Kidney/Renal Disease</p> <p style="padding-left: 20px;">Chronic Renal Insufficiency</p> <p style="padding-left: 20px;">Hypertensive Chronic Renal Disease</p> <p style="padding-left: 20px;">Nephropathy</p> <p style="padding-left: 20px;">Nephrotic Syndrome</p> <p style="padding-left: 20px;">Chronic Nephritis</p> <p style="padding-left: 20px;">Chronic Glomerulonephritis</p> <p>Chronic Protein loss in the Urine (proteinuria) requiring 4 or more MD office visits per year in the follow up of renal disease</p> <p>*Diabetes – Insulin (>50 units/day)</p> <p>Emphysema</p> <p style="padding-left: 20px;">End-stage Renal Disease ("ESRD")</p> <p style="padding-left: 20px;">Kidney disease requiring dialysis</p> <p style="padding-left: 20px;">Kidney (renal) Failure/End-Stage Renal Disease (ESRD)</p> <p>Any kidney disorder that has the applicant being evaluated for, or who is currently on dialysis</p> <p>Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)</p> <p>Lupus - Systemic</p> <p>Multiple Sclerosis</p> <p>Myasthenia Gravis</p> <p>Organ transplant</p> <p>Osteoporosis with fracture</p> <p>Parkinson's Disease</p> <p>Senile Dementia</p> <p>Other cognitive disorders to include:</p> <p style="padding-left: 20px;">Mild cognitive impairment ("MCI")</p> <p style="padding-left: 40px;">Delirium</p> <p>Organic brain disorder</p> <p style="padding-left: 20px;">Cerebrovascular Disease with cognitive deficits</p> <p style="padding-left: 20px;">Dissociative Amnesia</p> <p style="padding-left: 20px;">Huntington's Chorea (Huntington's Disease)</p> <p style="padding-left: 20px;">Post Concussion Syndrome with residual problems</p>
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*Coverage not available for individuals with diabetes in MN.

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

- Implantable cardiac defibrillator
- Use of supplemental oxygen
- Use of a nebulizer

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

Partial List of Medications Associated with Uninsurable Health Conditions

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

Medication	Condition	Medication	Condition
3TC	AIDS	DDI	AIDS
Acetate	Prostate Cancer	DES	Cancer
Accuneb	COPD	Donepezil	Alzheimer's Disease
Alkeran	Cancer	DuoNeb	COPD
Amantadine	Parkinson's Disease	Ebixa	Alzheimer's Disease
Anoro Ellipta	COPD	Eldepryl	Parkinson's Disease
Apokyn	Parkinson's Disease	Eligard	Prostate Cancer
Aptivus	HIV	Embrel	Rheumatoid Arthritis
Aricept/Aricept ODT	Alzheimer's Disease	Emtriva	HIV
Artane	Parkinson's Disease	Epivir	HIV
Atripla	HIV	Epogen	Kidney Failure, AIDS
Avonex	Multiple Sclerosis	Ergoloid	Dementia
Azilect	Parkinson's Disease	Esbriet	Pulmonary Fibrosis
AZT	AIDS	Exelon	Dementia
Baclofen	Multiple Sclerosis	Fuzeon	HIV
BCG	Bladder Cancer	Galantamine	Dementia
Betaseron	Multiple Sclerosis	Geodon	Schizophrenia
Bicalutamide	Prostate Cancer	Gold	Rheumatoid Arthritis
Breo	COPD	Haldol	Psychosis
Brovana	COPD	Herceptin	Cancer
Carbidopa	Parkinson's Disease	Hydergine/Hydergine LC	Dementia
Casodex	Prostate Cancer	Hydrea	Cancer
Cerefolin	Dementia	Hydroxyurea	Melanoma, Leukemia, Cancer
Cogentin	Parkinson's Disease	Imuran	Immunosuppression, Severe
Cognex	Dementia	*Insulin (>50 units/day) (MN)	Diabetes
Combivir	HIV	Interferon	AIDS, Cancer, Hepatitis
Comtan	Parkinson's Disease	Indinavir	AIDS
Copaxone	Multiple Sclerosis	Invega	Schizophrenia
Crixivan	HIV	Invirase	AIDS
Cytosan	Cancer, Severe Arthritis, Immunosuppression	Kaletra	HIV
D4T	AIDS	Kemadrin	Parkinson's Disease
DDC	AIDS	Lasix / Furosemide (>60 mg/day)	Heart Disease

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

Medication	Condition	Medication	Condition
L-Dopa	Parkinson's Disease	Ritonavir	AIDS
Letairis	Pulmonary Hypertension	Rivastigmine Tartrate	Alzheimer's Disease
Leukeran	Cancer, Immunosuppression, Severe Arthritis	Sandimmune	Immunosuppression, Severe Arthritis
Leuprolide/Leuprolide Acetate	Prostate Cancer	Selzentry	HIV
Levodopa	Parkinson's Disease	Sinemet	Parkinson's Disease
Lexiva	HIV	Stalevo	Parkinson's Disease
Lioresal	Multiple Sclerosis	Stelazine	Psychosis
Lomustine	Cancer	Stiolto Respimat	COPD
Lupron Depot/Lupron Depot-Ped	Prostate Cancer	Sustiva	AIDS
Megace	Cancer	Symmetrel	Parkinson's Disease
Megestrol	Cancer	Tacrine	Dementia
Mellaril	Psychosis	Tasmar	Parkinson's Disease
Melphalan	Cancer	Teslac	Cancer
Memantine	Alzheimer's Disease	Thiotepa	Cancer
Methotrexate	Rheumatoid Arthritis	Thorazine	Psychosis
Metrifonate	Dementia	Trelstar-LA	Prostate Cancer
Mirapex	Parkinson's Disease	Triptorelin	Prostate Cancer
Myleran	Cancer	Trizivir	HIV
Namenda/Namenda XR	Alzheimer's Disease	Truvada	HIV
Natrecor	CHF	Tudorza	COPD
Navane	Psychosis	Tysabri	Multiple Sclerosis
Nelfinavir	AIDS	Valycte	CMV HIV
Neoral	Immunosuppression, Severe Arthritis	VePesid	Cancer
Neupro	Parkinson's Disease	Viadur	Prostate Cancer
Norvir	HIV	Videx	HIV
Novatrone	Multiple Sclerosis	Vincristine	Cancer
Paraplatin	Cancer	Viracept	HIV
Parlodel	Parkinson's Disease	Viramune	AIDS
Permax	Parkinson's Disease	Viread	HIV
Prednisone (>10 mg/day)	Rheumatoid Arthritis, COPD	Zanosar	Cancer
Prezista	HIV	Zelapar	Parkinson's Disease
Procrit	Kidney Failure, AIDS	Zerit	HIV
Prolixin	Psychosis	Ziagen	HIV
Provence	Prostate Cancer	Ziprasidone	Schizophrenia

Razadyne ER	Alzheimer's Disease	Zoladex	Cancer
Rebif	Multiple Sclerosis	Zometa	Hypercalcemia in cancer
Remicade	Rheumatoid Arthritis		
Reminyl	Dementia		
Remodulin	Pulmonary		
Requip	Parkinson's Disease		
Rescriptor	HIV		
Retrovir	AIDS		
Reyataz	HIV		
Rilutek	Amyotrophic Lateral		
Riluzole	ALS		
Risperdal	Psychosis		

*Coverage not available for individuals with diabetes in MN.

TELE- APPLICATION PROCESS

The Tele-Application is IAC's telephonic application process. Review the following information before calling to complete a Tele-Application:

Pre-qualification

Applicants applying outside of open enrollment or a guarantee issue period should be pre-qualified. Refer to the medical questions on *page 5* of the application and the medical information contained in this underwriting guide to pre-qualify. **Your applicant should be able to answer, "No" to all the medical questions.** If you encounter any unknowns during the pre-qualification process, contact our Tele-Underwriting department for assistance

Required Statements

Have the applicant read the General Information section found on *page 3* of the application. The Tele-Underwriter will ask your client if they have read, or have had read to them, the statements found on *page 3*. If the client has not read these statements, the Tele-Underwriter will end the call and inform you that the statements must be read by the client prior to completing the interview

Completing the Interview

- Prior to the call, make sure your applicant understands the plan benefits, premiums and what they are applying for. During the interview, the applicant will be required to provide all the information detailed on the paper application including; personal information, prior coverage, medical and banking information. Tele-Underwriters are not licensed sales representative and will not be able to answer any sales-related questions. All sales-related question will be reverted back to the agent.
- Premium is collected by EFT. Be sure the applicant has their checkbook available to give the bank name, routing number and account number to the interviewer. **Do not collect premiums or a voided check. Premiums will be deducted automatically for the first AND subsequent months.** A request for funds is electronically submitted to the customer's bank upon approval of the policy, and IAC receives payment electronically. We cannot accept a credit card number or a debit card number for this process; we must have the numbers associated with the customer's checking or savings account.
- Direct bill is not allowed for the Tele-app process. Applicants electing direct bill should complete a paper application and submit it via fax, agent portal or mail.
- The number to call is 888-352-5158.
- Call times are 7:00 a.m. to 7:00 p.m. MST, Monday through Thursday and 7:00 a.m. to 6:00 p.m. MST on Friday.
- **DO NOT COACH THE APPLICANT!** It is recommended that you explain what will take place but you must not participate in the interview. Our interviewers are trained to identify coaching and, if identified, it will only delay or jeopardize the application process.
- Once the interview is complete, send the Home Office a copy of any required form. The Tele-Underwriter will notify you of any form that may be required. **Forms must be received within 14 days of the application date to avoid cancellation.**
- Other than the occasional state required form, the Tele-Application process is paperless. **You are not required to submit a paper application after you have completed the interview.** If your client is approved, the Tele-Underwriter will provide you with a policy number at the end of the call.

REQUIRED FORMS

Application

Only current Medicare supplement applications may be used in applying for coverage. A copy of the completed application will be made by IAC and attached to the policy to make it part of the contract. The agent is responsible for submitting completed applications to IAC's administrative office.

HIPAA Authorization Form

Required with all underwritten applications.

Premium Receipt and Notice of Information Practices

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

Replacement Form

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

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

STATE SPECIAL FORMS

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

CALIFORNIA

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

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

COLORADO

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

ILLINOIS

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

IOWA

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

KENTUCKY

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

LOUISIANA

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

MARYLAND

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

MINNESOTA

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

MONTANA

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

NEW MEXICO

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

OHIO

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

PENNSYLVANIA

Guaranteed Issue and Open Enrollment Notice – To be left with the applicant.

SOUTH CAROLINA

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

TEXAS

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

WISCONSIN

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