



Let's make this easy.®

Medicare Supplement Underwriting Guidelines

February 14, 2013

For Agent and Home Office use only
Property of Combined Insurance Company of America

Table of Contents

Contacts.....	6
Addresses for Mailing New Business and Delivery Receipts	6
Questions	6
Introduction	6
Policy Issue Guidelines	6
Open Enrollment	6
Open Enrollment in Missouri.....	7
States with Under Age 65 Requirements	7
ESRD Requirements	8
General Underwriting Information	8
Application Dates.....	8
Coverage Effective Dates	9
Replacements	9
Reinstatements.....	9
Telephone Interviews	9
Pharmaceutical Information	9
Policy Delivery Receipt	10
Guaranteed Issue Rights	10
Guaranteed Issue Rights for Loss of Medicaid Qualification.....	11
Group Health Plan Proof of Termination	11
Medicare Advantage (“MA”).....	12
Medicare Advantage (“MA”) Annual Medicare Part C Election Period	12
Medicare Advantage Proof of Disenrollment	12
Guaranteed Issue Rights	13
Premium.....	14
Calculating Premium.....	14
Types of Medicare Policy Ratings	14
Rate Type Available By State	15
Height and Weight Chart Eligibility.....	16
Application Fee.....	17
Completing the Premium on the Application.....	17
Collection of Premium	17

Notices and Initial Premium Receipt	17
Business Checks.....	18
Shortages.....	18
Refunds	18
Our General Administrative Rule – 12 Month Rate.....	18
<i>Application</i>	<i>19</i>
Application Sections.....	19
Section 1 – Plan & Premium Payment Information Section.....	19
Section 2 – Applicant Information	19
Section 3 – Insurance Policies	20
Section 4 – Health Questions	20
Medical Condition Information.....	20
Section 5 – Medication Information	20
Section 6 – Method of Payment	21
Section 7 - Authorization and Acknowledgement	21
Completed by Producer	21
<i>Health Questions.....</i>	<i>22</i>
Health Question 6 on the Application.....	22
Health Questions 13 and 14 on the Application	22
Medication Information	23
Denial of Claim/Rescission.....	23
Uninsurable Health Conditions	23
Partial List of Medications Associated with Uninsurable Health Conditions.....	25
<i>Required forms.....</i>	<i>27</i>
Application.....	27
Agent Certification	27
Medical Release.....	27
Method of Payment Form	27
Calculate your Premium	27
Premium and Notice of Information Practices.....	27
Replacement Form(s).....	27
Select Disclosure Agreement.....	27
Creditable Cover Letter	27
Disenrollment Letter	27
<i>State Special Forms.....</i>	<i>28</i>

Illinois.....	28
Kentucky	28
Louisiana.....	28
Ohio	28
Texas	28

CONTACTS

Addresses for Mailing New Business and Delivery Receipts

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

Administrative Office Mailing Information

Mailing Address

Combined Insurance Company of America
P.O. Box 14207
Clearwater, FL 33766-4207

Overnight/Express Address

Combined Insurance Company of America
2650 McCormick Drive
Clearwater, FL 33759

FAX Number for New Business - ACH Applications

1-866-545-8076

Questions

1-855-278-9329

INTRODUCTION

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

POLICY ISSUE GUIDELINES

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

Open Enrollment

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

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

Open Enrollment in Missouri

Current Medicare Supplement policyholders whether over age 65 or disabled who terminate a Medicare Supplement policy within 30 days of their annual policy anniversary date, are entitled to obtain any policy of the same plan from any insurer that markets that plan.

To determine if they qualify for this 30-day Open Enrollment:

1. You must provide a copy of the schedule page or copy of the app (from their previous policy) and the renewal notice or billing notice that confirms coverage was in-force.
2. Indicate “30-day Open Enrollment” in the medical section of the application.
3. They must apply within 30 days of their policy anniversary date. If they apply outside of their 30-day anniversary window, they must answer the medical questions and they will be subject to underwriting.
4. Replacement form is required.

States with Under Age 65 Requirements—All plans may not be available in all states

The following states require that Combined Insurance Company of America offer coverage to applicants under age 65; in all other states, applicants under age 65 are not eligible for coverage. All plans may not be available in all states.

Illinois	All Plans are available (A, F, N). Open enrollment if applied for within six months of Part B enrollment.
Kansas	All Plans are available (A, F, N). Open enrollment if applied for within six months of Part B enrollment.
Kentucky	All Plans are available (A, F, N). No open enrollment. All applications are underwritten.
Louisiana	All Plans are available (A, F, N). Open enrollment if applied for within six months of Part B enrollment.
Mississippi	All Plans are available (A, F, N). There is an open enrollment period for the first 6 months after the effective date of Part B. If they apply outside this open enrollment period they are subject to underwriting and have to qualify medically. A separate premium band applies to individuals under age 65.
Missouri	All Plans are available (A, F, N). There is an open enrollment period for the first 6 months after the effective date of Part B. If they apply outside this open enrollment period they are subject to underwriting and have to qualify medically. A separate premium band applies to individuals under age 65.
New Jersey	Plan F is available to applicants age 50-64.
North Carolina	Plans A and F are available. Open enrollment if applied for within six months of Part B enrollment.
Oklahoma	Plan A is available. There is an open enrollment period for the first 6 months after the effective date of Part B. If they apply outside this open enrollment period they are subject to underwriting and have to qualify medically. A separate premium band applies to individuals under age 65.
Pennsylvania	Plans A, B, F and N are available. Open enrollment if applied for within six months of Part B enrollment.

States with Under Age 65 Requirements—All plans may not be available in all states

South Dakota	All Plans are available (A, F, N). Open enrollment if applied for within six months of Part B enrollment.
Tennessee	All Plans are available (A, F, N). Open enrollment if applied for within six months of Part B enrollment.
Texas	Plan A is available. Open enrollment if applied for within six months of Part B enrollment.

Under Age 65 ESRD (End Stage Renal Disease) Requirements

The following states require us to offer Medicare Supplement coverage, without medical underwriting to individuals under age 65 and on Medicare disability due to End Stage Renal Disease (ESRD):

- Tennessee – A separate premium band applies to individuals eligible for Medicare due to ESRD, for Plans A, F and N.
- Texas – only Plan A is available

The open enrollment period is within the first 6 months after the effective date of Medicare Part B. Applications written outside this open enrollment period will be declined and premium will be refunded.

Texas Plan A premium rates for ESRD are the same as the Texas Plan A under age 65 disabled premium rates.

General Underwriting Information

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 underwritten. All health questions must be answered. The answers to the health questions on the application will determine the eligibility for coverage. Applicants will be accepted or declined.

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

Health information, including answers to health questions on applications and claims information, is confidential and is protected by state and federal privacy laws. Accordingly, Combined Insurance Company of America does not disclose health information to any non-affiliated insurance company without authorization.

Application Dates

- **Open Enrollment** – Up to six months prior to the month the applicant turns age 65
- **Underwritten Cases** – Up to 60 days prior to the requested coverage effective date
- **Individuals** – Individuals whose employer group health plan coverage is ending can apply up to 3 months prior to the requested effective date of coverage.
- **West Virginia** – applications may be taken up to 30 days prior to the month the applicant turns age 65.

Coverage Effective Dates

Coverage will be made effective as indicated below:

- 1). Between age 64 ½ and 65 – The first of the month the individual turns age 65.
- 2). All Others – Application date or date of termination of other coverage, whichever is later.
- 3). Effective date cannot be the 29th, 30th, or 31st of the month.

Replacements

A “replacement” takes place when an applicant terminates an existing Medicare Supplement/Select or Medicare Advantage policy and replaces it with a new Medicare Supplement policy. Combined Insurance Company of America requires a fully completed application when applying for a replacement policy (both internal and external replacements). Application fee should be included with all new applications.

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 Combined Insurance Company of America within the last 60 days, any new applications will be considered to be a replacement application. All replacement applications will be underwritten. If more than 60 days has elapsed since prior coverage was in force, then applications will follow normal underwriting rules. All replacements involving a Medicare Supplement, Medicare Select or Medicare Advantage Plan must include a completed Replacement Notice. One copy is to be left with the applicant; one copy should accompany the application. The replacement cannot be applied for on the exact same coverage and exact same company.

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

Reinstatements

When a Medicare Supplement policy has lapsed and it is within 90 days of the last paid to date, coverage may be reinstated, based upon meeting the underwriting requirements. Renewal commission rates will continue based on the policy’s duration. When a Medicare Supplement policy has lapsed and it is more than 90 days beyond the last paid to date, the coverage cannot be reinstated. The client may, however, apply for new coverage. All underwriting requirements must be met before a new policy can be issued.

Telephone Interviews

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

Pharmaceutical Information

Combined Insurance Company of America 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 Release Confidential Medical Information (HIPAA)” form with all underwritten applications. This form can be found in the Application Packet. 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*, South Dakota, and West Virginia. Two copies of the delivery receipt will be included in the policy package. One copy is to be left with the client. The second copy must be returned to Combined Insurance Company of America in the postage-paid envelope, which is also included in the policy package.

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

Guaranteed Issue Rights

If the applicant(s) falls under one of the Guaranteed Issue situations outlined below, proof of eligibility must be submitted with the application. In addition to the documents identified, proper proof may include a letter of creditable coverage from the previous carrier or a letter from the applicant's employer.

The situations listed below can also be found in the Guide to Health Insurance.

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

Guaranteed Issue Rights for Loss of Medicaid Qualification

State	Situation	Client has the right to buy
TN	<p>Client age 65 and older is covered under Medicare Part B, is enrolled under Medicaid (TennCare), and the enrollment involuntarily ceases. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.</p> <p>Client under age 65 losing Medicaid (TennCare) coverage has a six month Open Enrollment period beginning on the date of involuntary loss of coverage.</p>	Medigap Plan A, B, C, F (including F with a high deductible), K or L offered by any issuer.
TX	Client loses eligibility for health benefits under Medicaid. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.	Medigap Plan A, B, C, F (including F with a high deductible), K or L offered by any issuer; except that for persons under 65 years of age, it is a policy which has a benefit package classified as Plan A.

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 Other Health Insurance section on the Medicare Supplement application; and provide a copy of the termination letter; showing date of and reason for termination, from the employer or group carrier.

Proof of Voluntary Termination: Unless required by state law or regulation, we will NOT offer coverage on a guaranteed issue basis to enrollees who voluntarily terminate coverage under an employee welfare benefit plan (or intend to do so) prior to applying for coverage under a Combined Insurance Medicare Supplement plan. Under the state specific voluntary terminations scenarios, the following proof of termination is required along with completing the Other Health Insurance section on the Medicare Supplement application:

- **Certificate of Group Health Plan Coverage** – In OK, provide proof of change in benefits from employer or group carrier.

MEDICARE ADVANTAGE (“MA”)

Medicare Advantage (“MA”) Annual Medicare Part C Election Period

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

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

Medicare Advantage Proof of Disenrollment

If applying for a Medicare Supplement, Underwriting cannot issue coverage without proof of disenrollment. If a member disenrolls from Medicare Advantage, the MA Plan must notify the member of his/her Medicare Supplement guaranteed issue rights.

Disenroll during AEP and MADP

Complete the MA section on the Medicare Supplement application; and

1. Send **ONE** of the following with the application
 - a. A copy of the applicant’s MA Plan’s termination notice
 - b. Copy of the letter from the MA Carrier confirming that the MA plan is being terminated.
 - c. Copy of the letter that was sent to the MA Carrier requesting Disenrollment

If an individual is disenrolling outside AEP/MADP

1. Complete the MA section on the Medicare Supplement application; and
2. Send a copy of the applicant's MA Plan's disenrollment notice with the application.

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

Guaranteed Issue Rights

The situation listed below can also be found in the Guide to Health Insurance.

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 company. Client must switch to original Medicare Plan.
Client joined a MA Plan when first eligible for Medicare Part A at age 65 and within the first year of joining, decided to switch back to original Medicare	Buy any Medigap Plan that is sold in your state by any insurance company.
Client dropped his/her Medigap policy/certificate to join an MA Plan for the first time, has been in the Plan less than 1 year and wants 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.

PREMIUM

Calculating Premium

Utilize Outline of Coverage

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

Non-tobacco rates apply in certain states during open enrollment and guaranteed issue situations. See the Rate Type Available by State chart on the next page for state-specific information.

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 rated	Tobacco rates during open enrollment/ guaranteed issue	Enrollment/ policy fee
AL	Y	Y	A	Y	Y
AZ	Y	Y	I	N	Y
IA	Y	Y	A	N	Y
IL	Y	Y	A	N	Y
IN	Y	Y	A	Y	Y
KS	Y	Y	A	Y	Y
KY	Y	Y	A	N	Y
LA	Y	Y	A	N	Y
MO	Y	Y	I	N	Y
MS	Y	Y	A	N	Y
MT	Y	N	A	Y	Y
NC	Y	Y	A	N	Y
NJ	Y	Y	A	N	Y
OH	Y	Y	A	N	Y
OK	Y	Y	A	N	Y
PA	Y	Y	A	N	Y
SC	Y	Y	A	Y	Y
SD	Y	Y	A	Y	Y
TN	Y	Y	A	N	Y
TX	Y	Y	A	N	Y
VA	Y	Y	A	N	Y
WV	Y	Y	A	Y	N

As of January 31, 2013

Height and Weight Chart Eligibility

To determine whether your client may purchase coverage, locate their height, then weight in the chart below. If their weight is in the Decline column, we're sorry; they're not eligible for coverage at this time.

Height	Decline Weight	Standard Weight	Decline 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 +

Application Fee

There will be a one-time application fee of \$25.00 (\$6.00 in Mississippi, no application fee in West Virginia) that will be collected with each applicant's initial payment. For a husband and wife written on the same application, \$50 in fees must be collected. This will not affect the renewal premiums.

Completing the Premium on the Application

Premiums are calculated based on the applicant's age on the requested effective date, not at the time of application.

Initial Premium

- Enter the initial Premium Collected in the box located on the application.
- Mark the appropriate mode for the initial payment.

Renewal Premium

- Determine how the client wants to be billed going forward (renewal) and select the appropriate mode on the Renewal Premium Mode section on the application.
- Indicate, based on the mode selected, the renewal premium.
- Monthly direct billing is not allowed.

NOTE: If utilizing Electronic Funds Transfer ("EFT") as a method of payment, please complete Section 6 of the application. If paying the initial premium by EFT, the completed authorization form must be complete and submitted with the application. The policy will NOT be issued without this authorization.

Collection of Premium

If not utilizing EFT as a method of payment, 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. If monthly mode is selected, the initial premium will draft upon policy issuance.

- Credit cards and money orders are not accepted.

Combined Insurance Company of America does not accept post-dated checks or payments from Third Parties, including any Foundations as premium for Medicare Supplement, and does not accept premium payments via money order. Immediate family and domestic partners are acceptable payors.

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

Notices and Initial Premium Receipt

Complete this page as requested. Leave this page of the application package with the applicant.

Business Checks

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

Shortages

Combined Insurance Company of America will reduce the agent's commissions by the amount of any premium shortage, due to an error in calculation, equal to or less than \$5. However, if the \$25 application fee is not included with the initial premium, Combined Insurance Company will reduce the agent's commissions by an amount not to exceed \$25 per application. Combined Insurance Company of America will communicate with the producer by telephone, e-mail or FAX in the event of a premium shortage greater than \$5/\$25 thresholds. The application will be held in pending until the balance of the premium is received. Producers may communicate with us by calling 1-855-278-9329 or by FAX at 1-866-545-8076.

Refunds

Combined Insurance Company of America will make all refunds to the applicant in the event of rejection, incomplete submission, overpayment, cancellations, etc.

Our General Administrative Rule – 12 Month Rate

Our current administrative practice is not to adjust rates for 12 months from the effective date of coverage unless limited by regulatory requirement.

APPLICATION

NOTE: Applications that have been modified or converted to fillable forms or other electronic formats will not be accepted unless prior approval was obtained by Combined Insurance Company of America. Attempting to submit unapproved fillable forms or other electronic formats will not speed up the submission of an application.

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

Application Sections

The application must be completed in its entirety. The Medicare Supplement application consists of eight sections that must be completed. Please be sure to review your applications for the following information before submitting. Any changes or incomplete/missed questions may require the applicant's initials. White out on the application is not allowed and any areas that are crossed out and corrected need to be initialed by the applicant.

Section 1 – Plan & Premium Payment Information Section

- Entire Section must be completed.
- This section should indicate the Plan or policy form selected, effective date, the policy delivery option (to the agent or to the insured), initial premium paid, the ongoing premium amount, and the premium payment mode selected.

Note: The effective date cannot be on the 29th, 30th, or 31st of the month.

Section 2 – Applicant Information

- Please complete the client's physical (residential) address in full. If premium notices are to be mailed to an address other than the applicant's physical (residential) address, please complete the Mailing Address (if different from physical address) section in full.
- Make sure the Home Phone No. and Best Time to Contact sections are completed.
- Current Age is the exact age as of the application date; however, premium is calculated as of the effective date.
- Male/Female, State of Birth, and the Social Security Card number sections are completed.
- Medicare Card number, also referred to as the Health Insurance Claim ("HIC") number, is required for electronic claims payment.
- The e-mail address is provided.
- Height/Weight – This is required on underwritten cases.
- Answer the tobacco question. (Note that tobacco rates may not apply during open enrollment or guaranteed issue situations. See the Rate Type Available by State chart on page 15 for specific information.)
- Verify the applicant answered "Yes" to receiving the Guide to Health Insurance and Outline of Coverage and the Notice of Information Practices. It is required to leave these two documents

with the client at the time the application is completed.

- Please indicate if the applicant turned 65 in the last six months, if he or she enrolled in Medicare Part B in the last six months, and his or her Medicare Parts A and B effective dates.
- Ensure the question regarding End Stage Renal Disease or Kidney Disease requiring dialysis is answered.

Section 3 – Insurance Policies

- If the applicant is applying during a guaranteed issue period, be sure to include proof of eligibility.
- If the applicant is replacing another Medicare Supplement policy/certificate, complete question #2 and include the replacement notice.
- If the applicant is leaving a Medicare Advantage Plan, complete question #3 and include the replacement notice and copy of applicant's notice of disenrollment from Medicare Advantage program.
- If the applicant has had any other health insurance coverage in the past 63 days, including coverage through a union, employer plan, or other non-Medicare Supplement coverage, complete question #4.
- 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.
- List any additional health insurance policies/certificates you have sold to the applicant.

Section 4 – Health Questions

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

NOTE: In order to be considered eligible for coverage, all health questions must be answered "No."

For questions on how to answer a particular health question, see the Health Questions section of this guide for clarification.

Medical Condition Information

- Ensure this section is completed for any medical advice, referrals for diagnostic tests, and surgery or treatment for any other condition not listed in Section 4 of the application.

Section 5 – Medication Information

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

selected is not available for GI, all medication information must be listed as indicated.

Section 6 – Method of Payment

- To establish monthly premium payments by EFT (“Electronic Funds Transfer”), complete entirely and submit.

Section 7 – Authorization and Acknowledgement

- Signatures and dates: required by both applicant(s) and producer. The producer must be appointed in the state where the application is signed.

NOTE: Applicant’s signature must match name of applicant on the application. In rare cases where applicant cannot sign his or her name, a mark (“X”) is acceptable if accompanied by a witness signature. For their own protection, the producer does not qualify as a witness.

- 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. The legal representative should sign their own name as themselves, not as the applicant.

Completed by Producer

The producer(s) must certify that they have:

- Provided the applicant with a copy of the replacement notice, if applicable.
- Accurately recorded in the application the information supplied by the applicant, and have interviewed the proposed applicant.

NOTE: Applications will only be accepted with an answer of "No" if the producer has submitted the sales process for review and received written prior approval.

- Signatures and dates: required by producer(s).
- The producer must be appointed in the state where the application is signed.

HEALTH QUESTIONS

Unless an application is completed during open enrollment or a guaranteed period, or plan selected is not available for GI, all health questions, including the question regarding prescription medications, must be answered. Our general underwriting philosophy is to deny Medicare Supplement coverage if any of the health questions are answered "Yes." For a list of uninsurable conditions and the related medications associated with these conditions, please refer to the next 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, duration and conditions treated for all prescription medications.

If you have questions about the interpretation of health questions 6, 13 and 14 on the application, please see the information below.

Health Question 6 on the Application (TN Question 8)

Malignant melanoma is considered an internal cancer. Applicants with this type of cancer are not eligible for coverage. Other types of skin cancer, such as basal cell, are not considered internal.

Health Questions 13 and 14 on the Application (TN Question 16)

People with diabetes mellitus that require insulin are not eligible for coverage. If question 14 is answered "Yes," the applicant must complete questions A-F. If the answer to any of the questions A-F is "Yes," the applicant would not be eligible for coverage. For purposes of this question, hypertension (high blood pressure) is considered a heart condition. Some additional questions to ask your client to determine if he/she does have a complication include:

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

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

Medication Information

All information should be provided:

- Name of medication
- Original date of prescription
- Dosage & frequency
- Condition treated

Denial of Claim/Rescission

If Combined Insurance Company of America determines that any answers provided on the application for insurance were incorrect or untrue, the company has the right to deny benefits or rescind coverage.

Uninsurable Health Conditions

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

AIDS	Emphysema
Alzheimer's Disease	End-stage Renal Disease ("ESRD")
ARC	Epilepsy
Any cardio-pulmonary disorder requiring oxygen	Kidney disease requiring dialysis
Cirrhosis	Chronic kidney disease
Chronic hepatitis	Kidney failure
Chronic Obstructive Pulmonary Disease (COPD)	Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
Other chronic pulmonary disorders to include:	Lupus - Systemic
• Bronchiectasis	Multiple Sclerosis
• Chronic bronchitis	Myasthenia Gravis
• Chronic obstructive lung disease (COLD)	Organ transplant
• *Chronic asthma	Osteoporosis with fracture
• Chronic interstitial lung disease	Parkinson's Disease
• Chronic pulmonary fibrosis	Senile Dementia
• Cystic fibrosis	Other cognitive disorders to include:
• Sarcoidosis	• Mild cognitive impairment ("MCI")
• Scleroderma	• Delirium
	• Organic brain disorder
	Spinal Stenosis < 5 years

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

- Implantable cardiac defibrillator
- Use of supplemental oxygen (except if used for Obstructive Sleep Apnea)
- Use of a nebulizer
- *Chronic 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, treatment or therapy
- If applicant's height/weight is in the decline column on the chart
- Currently receiving hospice, home health care
- Bedridden, confined to wheelchair
- Three or more inpatient hospitalization in the past two years

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 for the listed condition:

3TC	AIDS	Eldepryl	Parkinson's Disease
Acetate	Prostate Cancer	Embrel	Rheumatoid Arthritis
Alkeran	Cancer	Emtriva	HIV
Amantadine	Parkinson's Disease	Epivir	HIV
Apokyn	Parkinson's Disease	Epogen	Kidney Failure, AIDS
Aptivus	HIV	Ergoloid	Dementia
Aricept	Dementia	Exelon	Dementia
Artane	Parkinson's Disease	Fuzeon	HIV
Atripla	HIV	Galantamine	Dementia
Avonex	Multiple Sclerosis	Geodon	Schizophrenia
Azilect	Parkinson's Disease	Gold	Rheumatoid Arthritis
AZT	AIDS	Haldol	Psychosis
Baclofen	Multiple Sclerosis	Herceptin	Cancer
BCG	Bladder Cancer	Hydergine	Dementia
Betaseron	Multiple Sclerosis	Hydrea	Cancer
Bicalutamide	Prostate Cancer	Hydroxyurea	Melanoma, Leukemia, Cancer
Carbidopa	Parkinson's Disease	Imuran	Immunosuppression
Casodex	Prostate Cancer		Severe Arthritis
Cerefolin	Dementia	Interferon	AIDS, Cancer, Hepatitis
Cogentin	Parkinson's Disease	Indinavir	AIDS
Cognex	Dementia	Insulin	Diabetes
Combivir	HIV	Invega	Schizophrenia
Comtan	Parkinson's Disease	Invirase	AIDS
Copaxone	Multiple Sclerosis	Kaletra	HIV
Crixivan	HIV	Kemadrin	Parkinson's Disease
Cytosan	Cancer, Severe Arthritis, Immunosuppression	Lasix / Furosemide (≥60 mg/day)	Heart Disease
D4T	AIDS	L-Dopa	Parkinson's Disease
DDC	AIDS	Letairis	Pulmonary Hypertension
DDI	AIDS	Leukeran	Cancer, Severe Arthritis
DES	Cancer		Immunosuppression
DuoNeb	COPD	Leuprolide	Prostate Cancer

Levodopa	Parkinson's Disease	Retrovir	AIDS
Lexiva	HIV	Reyataz	HIV
Lioresal	Multiple Sclerosis	Rilutek	Amyotrophic Lateral Sclerosis
Lomustine	Cancer	Riluzole	ALS
Lupron	Cancer	Risperdal	Psychosis
Megace	Cancer	Ritonavir	AIDS
Megestrol	Cancer	Sandimmune	Immunosuppression, Severe Arthritis
Mellaril	Psychosis	Selzentry	HIV
Melphalan	Cancer	Sinemet	Parkinson's Disease
Memantine	Alzheimer's Disease	Stalevo	Parkinson's Disease
Methotrexate (> 25 mg/wk)	Rheumatoid Arthritis	Stelazine	Psychosis
Metrifonate	Dementia	Sustiva	AIDS
Mirapex	Parkinson's Disease	Symmetrel	Parkinson's Disease
Myleran	Cancer	Tacrine	Dementia
Namenda	Alzheimer's Disease	Tasmar	Parkinson's Disease
Natrecor	CHF	Teslac	Cancer
Navane	Psychosis	Thiotepa	Cancer
Nelfinavir	AIDS	Thorazine	Psychosis
Neoral	Immunosuppression Severe Arthritis	Trelstar-LA	Prostate Cancer
Neupro	Parkinson's Disease	Triptorelin	Prostate Cancer
Norvir	HIV	Trizivir	HIV
Novatrone	Multiple Sclerosis	Truvada	HIV
Paraplatin	Cancer	Tysabri	Multiple Sclerosis
Parlodel	Parkinson's Disease	Valycte	CMV HIV
Permax	Parkinson's Disease	VePesid	Cancer
Prednisone (>10 mg/day)	Rheumatoid Arthritis, COPD	Videx	HIV
Prezista	HIV	Vincristine	Cancer
Procrit	Kidney Failure, AIDS	Viracept	HIV
Prolixin	Psychosis	Viramune	AIDS
Razadyne	Dementia	Viread	HIV
Rebif	Multiple Sclerosis	Zanosar	Cancer
Remicade	Rheumatoid Arthritis	Zelapar	Parkinson's Disease
Reminyl	Dementia	Zerit	HIV
Remodulin	Pulmonary	Ziagen	HIV
Requip	Parkinson's Disease	Ziprasidone	Schizophrenia
Rescriptor	HIV	Zoladex	Cancer
		Zometa	Hyperkalemia in cancer

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 Combined Insurance Company of America and attached to the policy to make it part of the contract.

The agent is responsible for submitting completed applications to Combined Insurance Company of America's administrative office.

Agent Certification

This form must be signed by the agent and the applicant(s) and returned with the application.

Medical Release

Authorization to release confidential medical information or HIPAA authorization form.

The HIPAA form must have a current and clearly written date. It is required with all underwritten applications.

Method of Payment Form

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

Calculate your Premium

This form is used to calculate the correct premium and must be returned with the application.

Premium 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(s)

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

Select Disclosure Agreement

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

Creditable Cover Letter

Letter from a prior insurance carrier that informs a new insurance carrier that the policyholder has had recent health care insurance coverage.

Disenrollment Letter

Letter from prior insurance carrier providing the type of plan, effective dates, and policyholder's name stating that the policy holder is no longer covered.

STATE SPECIAL FORMS

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

Illinois

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

Kentucky

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

Louisiana

Your Rights Regarding the Release and Use of Genetic Information – Refer to the section on page 10 of the application with the applicant.

Ohio

Sales Appointment Form – Form must be completed, signed and submitted with the application.

Texas

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



Let's make this easy.®

February 14, 2013

Combined Insurance Company of America
PO Box 14207
Clearwater, FL 33766-4207

Phone: 1-855-278-9329
Fax: 1-866-545-8076

www.combinedinsurance.com