



**Liberty Bankers Life**

Insurance Company

# **Medicare Supplement Underwriting Guidelines**

July 1, 2016

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# CONTACTS

## ADDRESSES FOR MAILING NEW BUSINESS AND DELIVERY RECEIPTS

When mailing or shipping your new business applications, be sure to use the following addresses. When mailing the Policy Delivery Receipts, be sure to use the pre-addressed envelopes that are sent with the policy.

Mailing Address for New Business:  Liberty Bankers Life Insurance Company Administrative Office P.O. Box 15357 Clearwater, FL 33766-5357	Overnight/Express Address:  Liberty Bankers Life Insurance Company 2650 McCormick Drive Clearwater, FL 33759	Mailing Address for Claims Administration:  Liberty Bankers Life Insurance Company Claims P.O. Box 14707 Clearwater, FL 33766-5357
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**FAX Number for New Business – ACH Applications:** 1-855-493-9242

**Administrative Office – Questions:** 1-844-770-2400

## INTRODUCTION

This guide provides information about the evaluation process used in the underwriting and issuing of Medicare Supplement insurance policies. The goal is to provide the agent with information needed to identify, with a high degree of accuracy, those risks that are acceptable and those that are not. When used correctly, the underwriting guidelines can have a dramatic effect on your issue rate and quality rating. 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 issues with an application.

## UNDERWRITING AND ITS IMPORTANCE

Underwriting is a critical factor when determining whether or not to issue Health insurance because it protects not only the financial health of the insurance company and the agent, but also the financial well-being of the insured. Underwriting is the primary process used to determine how much risk a proposed insured represents. To examine this risk, the underwriter must gather information relating to the individual who is applying for coverage.

The first step of the underwriting process is field underwriting. Field underwriting is the process of gathering initial information about a proposed insured and screening those individuals to determine if they qualify to have an application submitted for a specific type of coverage. **Field underwriting is when an agent makes a preliminary assessment of the insurability of the applicant and determines whether an application can be submitted to the Home Office for consideration.** In addition, the agent consults the underwriting guidelines which contain specific rules with respect to medical conditions and medications.

Home Office underwriting begins when the completed application is screened by the underwriter. The insurance application is the primary source of information for an underwriting decision. The agent's responsibility is to verify that the application is complete and as accurate as possible. The underwriter will order a pharmacy report, an MIB report, and may request a personal history (telephone) interview and/or medical records in making a final decision. Underwriting has to weigh the significance of any impairment(s) individually or together to determine what type of risk is presented.

## KEYS TO GETTING POLICIES ISSUED

When completing the application make sure that all information is recorded accurately and is legible. Alterations on the application may cause the need for a telephone interview. Specifically, watch for alterations of height and weight, medications, medical conditions and medical questions.

Make sure you obtain all appropriate signatures before submitting the application.

Make sure you include all required State specific forms.

Follow the established height and weight, medications and medical conditions guidelines as outlined in the manual.

Inform the applicant that the underwriting department may call him/her to conduct a telephone interview to review relevant information on the application. Telephone interviews are conducted from 8:00 AM - 6:00 PM Eastern Standard Time.

Always note on the application the best time to call. Ask the applicant if it is OK to contact him/her at work or on a cell phone. If so, please provide the number(s) and indicate that it is OK for us to contact the applicant at either number.

A great way to make certain your applications are submitted to the home office with all of the questions answered and with all required signatures is to use the electronic application as much as possible.

### TIPS FOR COMPLETING THE APPLICATION

#### ALWAYS

- Ask each question exactly as written (do not paraphrase).
- Record each answer exactly as given.
- If not using the electronic application, complete the application legibly and in black ink.
- Draw a line through any errors and ask the applicant to initial and date corrections.

#### NEVER

- Ask a general question (e.g. "Are you in good health?"), then mark all of the health questions on the application as "No" if the applicant responds favorably.
- Tell or suggest to the applicant how he or she should answer a question.
- Allow someone other than the applicant to answer the application questions.
- Focus only on the medications because many medications are taken for multiple conditions. The medication information is important, but it should tie back to the answers to the health questions.
- Use "white out" or similar substances for corrections or mistake.

The issue state and the residence state must be based on the applicant. The residence state is determined by the state in which the applicant files federal income tax statements. The producer must be appointed in the state where the application is signed.

All agents must also use the current application packet for the insured's resident state at the time of application. Applications received for processing that are based on the agent's resident state and not the applicant's resident state will be returned.

Applications must be submitted within thirty (30) days of the signed application date and cannot have a requested effective date prior to the date the application is signed.

For underwritten and Guaranteed Issue applications, the requested effective date may not be more than sixty (60) days from the date the application was signed.

Initial full modal premium or signed Pre-Authorized Electronic Fund Transfer (EFT) form must be submitted with all applications.

Payer/payee guidelines: We will not accept premium payments from an employer or a group. Each policy is an individual contract. Premium payments will be accepted only from the policyholder or an immediate family member. No third-party payers will be accepted.

If applicable, all state-required forms (e.g., replacement, state disclosure and disenrollment / termination letter) should accompany the application at the time of submission.

Follow the established height and weight, medications and medical conditions guidelines as outlined in the manual.

Make sure you obtain ALL appropriate signatures before submitting the application.

For paper applications, we do not accept stamped or electronic signatures from either agents or applicants.

## **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 Federal Income taxes are filed should be considered as the state of residence. Please refer to the introductory materials you received for any required forms specific to your state.

### **OPEN ENROLLMENT (O/E)**

To be eligible for open enrollment, an applicant must be turning 65 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.

During this period, we cannot deny insurance coverage, place conditions on a policy or charge more premium due to past medical conditions.

Some states require that Medicare supplement open enrollment be offered to individuals under age 65. Refer to the chart below for details.

<b>States with Under Age 65 Requirements—All plans may not be available in all states</b>		
<b>The following states require that Liberty Bankers Life offer coverage to applicants under age 65; in ALL other states, applicants under age 65 are NOT eligible for coverage</b>		
<b>State</b>	<b>Under Age 65 Accepted</b>	<b>Plans Available</b>
Colorado, Illinois, Louisiana	Yes, O/E if applied for within six months of Part B enrollment. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the "Federal Open Enrollment Period" when the applicant turns age 65.	All plans sold are available – (A, F, G, N)

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

**The following states require that Liberty Bankers Life offer coverage to applicants under age 65; in ALL other states, applicants under age 65 are NOT eligible for coverage**

State	Under Age 65 Accepted	Plans Available
Mississippi	Yes, O/E if applied for within six months of Part B enrollment. Special Open Enrollment period within the 63 days following termination or disenrollment date for individuals whose coverage under a managed care plan has ended due to cancellation, nonrenewal, or disenrollment. Applications are accepted during Open Enrollment periods. If the applicant does not apply for a policy during an open enrollment period, you cannot write an application until the “Federal Open Enrollment Period” when the applicant turns age 65.	All plans sold are available – (A, F, G, N)  Plans A and F if losing coverage under a managed care plan
Texas	Yes, O/E if applied for within six months of Part B enrollment. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the “Federal Open Enrollment Period” when the applicant turns age 65.	Plan A is available

**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):

- Colorado – all plans sold are available (A, F, G, N ); premium rates for ESRD are the same as the available Plans A, F, G, N under age 65 disabled premium rates.
- Illinois – all plans sold are available (A, F, G, N); premium rates for ESRD are the same as the available Plans A, F, G, N under age 65 disabled premium rates.
- Louisiana – all plans sold are available (A, F, G, N).
- Mississippi – all plans sold are available (A, F, G, N); premium rates for ESRD are the same as the available Plans A, F, G, N under age 65 disabled premium rates.
- Texas – only Plan A is available; premium rates for ESRD are the same as the Texas Plan A under age 65 disabled premium rates.

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.

**GENERAL UNDERWRITING INFORMATION**

Applicants over the age of 65, or under age 65 in the states listed and specified in the chart 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, and the premium rate will be determined as preferred or standard.

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.

To qualify for preferred rates, the applicant must meet **both** the preferred build criteria and the criteria of no tobacco use within the last 12 months. If the applicant is a tobacco user within past 12 months **or** if the applicant does not fall within the preferred rate build range but does fall within the standard rate build range, the applicant will qualify for standard rates.

If the insured was originally issued standard rates and wishes to change to preferred rates, a new fully completed application is required. The insured must meet **both** the preferred build criteria and the criteria of no tobacco use within the past 12 months. Any improvement in weight must be maintained for at least 12 months before applying.

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

### **APPLICATION DATES**

- **Open Enrollment** – Up to six months prior to enrollment in Medicare Part B.
- **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.

### **COVERAGE EFFECTIVE DATES**

Coverage will be made effective as indicated below:

- 1) Between age 64½ 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.

### **PHARMACEUTICAL INFORMATION (PHARMACY REPORT)**

Liberty Bankers Life 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.

### **TELEPHONE INTERVIEWS**

Telephone interviews will be made when information is not clear or complete on the application, or if the pharmacy report does not match the application information. In addition, random telephone interviews with applicants will be conducted. Please be sure to advise your clients that we may be calling to verify the information on their application.

### **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.

An internal replacement cannot be applied for using the same plan and same company, except when the applicant is requesting a change from standard to preferred premium rates.

All replacement applications will be underwritten unless not allowed by the state. For both internal and external replacements, a fully completed application is required, MIB check, and a pharmacy report will be obtained. A telephone interview might be needed. Application fee should be included with all new applications.

If the insured is applying for a change to preferred premium rates, a fully completed application is required, and a pharmacy report will be obtained. A telephone interview might be needed.

All replacement applications 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 if approved by underwriting. A fully completed application is required, MIB check, and a pharmacy report will be obtained. A telephone interview might be needed. If reinstatement is approved, the agent's 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 a new policy. All underwriting requirements must be met before a new policy can be issued.

### POLICY DELIVERY RECEIPT

When the policy is mailed directly to the insured, as is our administrative rule and standard procedure, a signed and dated delivery receipt is not required. A certificate of mailing is kept on file at our corporate office.

### 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. Proper proof of GI Rights includes:

- 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
<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><i>Note: In this situation, state laws may vary.</i></p>	<p>Medigap Plan A, B, C, F, K or L that is sold in client's state by any insurance company.</p> <p>If client has COBRA coverage, client can either buy a Medigap policy/certificate right away or wait until the COBRA coverage ends.</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.</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.</p>

## LOSS OF MEDICAID QUALIFICATION RIGHTS

State	Situation	Client has the right to buy
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 Liberty Bankers Life Medicare Supplement plan. Under the state specific voluntary terminations scenarios, proof of the qualifying factor for termination is required along with completing the Other Health Insurance section on the Medicare Supplement application:

## GUARANTEED ISSUE RIGHTS FOR VOLUNTARY TERMINATION OF GROUP HEALTH PLAN

State	Qualifies for Guaranteed Issue...
CO, IL, TX	If the employer sponsored plan is primary to Medicare.
IA	If the employer sponsored plan's benefits are reduced but does not include a defined threshold
LA	No conditions - always qualifies.

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 requirements. Proof of coverage termination is required.

# **MEDICARE ADVANTAGE (“MA”)**

## **MEDICARE ADVANTAGE (“MA”) ANNUAL MEDICARE PART C ELECTION PERIOD**

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

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 dis-enrolls from Medicare Advantage, the MA Plan must notify the member of his/her Medicare supplement Guaranteed Issue rights.

#### **Voluntarily dis-enrolling during AEP or MADP and not eligible for Guaranteed Issue**

The section concerning the Medicare Advantage program should be answered completely:

- Stating when the Medicare Advantage program started;
- Leaving the “END” date blank, since the applicant is still covered;
- Confirming the applicant’s intent to replace the current MA coverage with this new Medicare Supplement policy;
- Confirming the receipt of the replacement notice;
- Stating the reason for the termination/disenrollment;
- Completing the planned date of termination/disenrollment;
- Specifying whether this was the first time in this type of Medicare plan (MA);
- Specifying whether there had been previous Medicare Supplement coverage; and
- Answering whether that previous Medicare Supplement coverage is still available.

If the applicant is applying during the Medicare Advantage Annual Enrollment Period (AEP), and all of the above information is provided, we will **NOT** require proof of termination from the Medicare Advantage provider. ***It is the applicant’s responsibility to dis-enroll from the Medicare Advantage coverage during either the***

**AEP or MADP.** Please note that the CMS guidelines Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare advises that if the client joins a Medicare Advantage Plan, he/she cannot be sold a Medigap policy unless the coverage under the Medicare Advantage Plan will end before the effective date of the Medigap policy.

**IF AN INDIVIDUAL IS REQUESTING GUARANTEED ISSUE OR DIS-ENROLLING OUTSIDE AEP/MADP**

1. The section concerning the MA program should be answered completely, as stated above; and
2. Send a copy of the applicant’s MA Plan’s disenrollment/termination notice with the application. This is especially important if the applicant is claiming a Guaranteed Issue right based on any situation as outlined in the CMS guidelines Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare.

Please note: All plans are not available as Guaranteed Issue in most situations.

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 dis-enroll and return to Medicare.

**GUARANTEED ISSUE RIGHTS**

The situations 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.

**Note:** A copy of the applicant’s MA Plan’s termination notice is needed if applying for Guaranteed Issue.

# 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 preferred versus standard premium based on height / weight and nicotine status
- Find age/gender - Verify that the age is correct based on date of birth and the coverage effective date
- This will be your base monthly premium

Preferred 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	Preferred / Standard rates	Gender rates	Attained, issue or community rated	Preferred rates during open enrollment / guaranteed issue	Enrollment / policy fee
CO	Y	Y	A	Y	Y
IA	Y	Y	A	Y	Y
IL	Y	Y	A	Y	Y
LA	Y	Y	A	Y	Y
MI	Y	Y	A	Y	Y
MS	Y	Y	A	N	Y \$6.00
NE	Y	Y	A	N	Y
OH	Y	Y	A	Y	Y
TX	Y	Y	A	N	Y

## HOUSEHOLD DISCOUNT (NOT APPLICABLE IN ALL STATES)

If question 1 in the Household Discount Section on the application is answered “Yes,” the individual is eligible for the discount. *Specific language may vary by state.* HHD is not available in all states; please refer to state availability listing for details.

### The household discount is available to:

<b>CO, IA, LA, MI, MS, NE, TX</b>	<ul style="list-style-type: none"><li>Individuals who, for the past year, have resided with at least one, but no more than three, other adults who are age 18 or older; or</li><li>Individuals who live with another adult who is the legal spouse, including validly recognized civil union and/or domestic partners.</li></ul>
<b>IL, OH</b>	<ul style="list-style-type: none"><li>Individuals who, for the past year, have resided with at least one, but no more than three, other adults who either have an existing Medicare Supplement plan with, or are applying for coverage with Liberty Bankers Life.</li></ul>

The household discount is not available to individuals that have resided with 4 or more Medicare eligible adults for the past year.

## APPLICATION FEE

There will be a one-time application fee of \$25.00 (fee is \$6.00 in MS) that will be collected with each applicant’s initial payment. For a husband and wife written on the same application, \$50.00 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 (includes HHD, if applicable, and a one-time application fee)

- Complete the calculation: Initial Premium = Premium – HHD (if applicable) + App Fee = Total.
- 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

For Direct Bill, available options are Quarterly, Semi-Annual, and Annual. Monthly Direct Bill mode is not allowed. A check for the full modal premium plus the application fee, if any, must be submitted with the application.

For ACH (also referred to as EFT), available options are Monthly, Quarterly, Semi-Annual and Annual. A check is not required with the application when selecting ACH. The full modal premium plus the application fee, if any, will be drafted immediately upon policy issuance.

- Credit cards and money orders are not accepted.

Liberty Bankers Life 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. Payment from a third party, including any foundation, will not be accepted.

### **SHORTAGES**

Liberty Bankers Life will communicate with the producer by telephone, e-mail or FAX in the event of a premium shortage in excess of \$5.00 per modal premium. The application will be held in a pending status until the balance of premium is received. Producers may communicate with us by calling 1-844-770-2400 or by FAX at 1-855-493-9242.

### **REFUNDS**

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

### **PREMIUM CHANGES (NOT ALL STATES ARE ATTAINED AGE)**

The premium for this Policy will change. Because the premium rate is based upon the attained age in most states, the premium will increase from age 65 through age 99. This annual change will occur on each Policy Renewal Date. The Policy Renewal Date coincides with or follows the Policy anniversary date.

The premium may also change for reasons other than attained age.

Please notify Liberty Bankers Life if the insured is no longer eligible for the Household Premium Discount. The discount will be removed. The premium change will occur on the first Policy Renewal Date coinciding with or following the date Liberty Bankers Life was notified of the loss of eligibility.

A premium change for any other reason can occur on any Policy Renewal Date.

## **ELECTRONIC APPLICATION**

Use of the electronic application by all agents is highly encouraged. The efficiency of the application, underwriting, policy issue, and commission payment process is greatly enhanced. Since it is not possible for an e-app to be submitted unless all of the required questions are answered, a telephone call to the applicant might be avoided. Please access the e-app through the agent portal, and refer to the training material if you are unfamiliar with the tool.

## **PAPER OR PDF 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 Liberty Bankers Life. 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 Liberty Bankers Life'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 (Sections 5 and 6 are skipped if OE or GI), plus a ninth section if additional space is needed. 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 29<sup>th</sup>, 30<sup>th</sup>, or 31<sup>st</sup> of the month.*

#### **SECTION 2 – APPLICANT INFORMATION**

- Please complete the client's physical (residential) address in full. The client's physical (residential) state should be based on the home state indicated on page one of the client's federal income tax form 1040. If any correspondence such as premium notices are to be mailed to an address other than the applicant's physical (residential) address, please complete the Mailing Address section in full.
- If the applicant has a second residence, enter the zip code for the second residence. This could help with the accuracy of the pharmacy report and possibly eliminate the need to do a telephone interview. This secondary residence zip has nothing to do with the premium rates and forms that are used. It is obtained only to enhance the quality of the pharmacy report.
- Make sure the Home Phone No. and Best Time to Contact sections are completed.
- Please complete the applicant's name as listed on the Medicare Card or application for Medicare.
- 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 must be completed.
- Height/Weight and the tobacco & nicotine questions must be completed for all applications unless not allowed by the state for OE or GI only.
- Medicare Card number, also referred to as the Health Insurance Claim ("HIC") number, is required for electronic claims payment.
- Please provide the applicant's e-mail address, if available.
- 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.

#### **SECTION 3 - HOUSEHOLD PREMIUM DISCOUNT INFORMATION**

- Complete this section as required.

## SECTION 4 – INSURANCE POLICIES

- If the applicant is applying during a guaranteed issue period, be sure to include proof of eligibility.
- Complete the appropriate question(s) in this section:
  - If the applicant is replacing another Medicare Supplement policy/certificate, complete information and include the replacement notice.
  - If the applicant is leaving a Medicare Advantage Plan, complete all information and note the applicant's intent to dis-enroll; the reason and the date of disenrollment and include the replacement notice.
  - If the applicant is leaving the Medicare Advantage Plan and has a Guaranteed Issue right, include the letter from the MA carrier explaining this.
  - If the applicant has had any other health insurance coverage in the past 63 days, including coverage through a union, employer plan, or other non-Medicare Supplement coverage, complete the appropriate information.
  - Verify if the applicant is covered through his/her state Medicaid program. If Medicaid is paying for benefits beyond the applicant's Part B premium or the Medicare Supplement premium for this policy, then the applicant is not eligible for coverage.
- List any additional health insurance policies/certificates you have sold to the applicant.

## SECTION 5 – HEALTH QUESTIONS

- If the applicant is applying during an open enrollment or a guaranteed issue period, do not answer the health questions.
- If applicant is not considered to be in open enrollment or a guaranteed issue situation, 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 #1-15 must be answered "No." If question 16A is answered "Yes" and any of the questions 16.B,C, D, or E are answered "Yes", applicant is not eligible.

## SECTION 6 – MEDICATION INFORMATION

- 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. Filling out all of the requested details might eliminate the need for a telephone call to the applicant.
- If the applicant is applying during an open enrollment or a guaranteed issue period, do not answer the medication information section.

## SECTION 7 – METHOD OF PAYMENT

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

## SECTION 8 – 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.

## SECTION 9 – ADDITIONAL COMMENTS

- Used this section to provide additional details and comments that do not fit in previous sections of the application. Attach a separate sheet to the application if more space is needed. The applicant(s) and producer should sign and date all additional sheets attached to the application.

### COMPLETED BY PRODUCER

The producer(s) must certify that they have:

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

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

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

*NOTE: If an application is taken on a Kansas resident, the producer must be appointed in Kansas and in the state where the application is signed.*

## UNDERWRITING & 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 #1-15 are answered "Yes." If question 16A is answered "Yes" and **any** of the questions 16B, C, D, or E are answered "Yes", applicant is not eligible.

### HEIGHT AND WEIGHT CHART ELIGIBILITY

The first underwriting question that needs to be determined is whether the applicant is eligible for coverage based on the applicant's height and weight. To determine this, locate the applicant's height, then weight in the chart on the following page. If the weight is above or below the maximum or minimum limit, the applicant is not eligible for coverage at this time.

## HEIGHT AND WEIGHT CHART

	← lower weights – higher weights →		
Height	Standard Premium Weight	* Preferred Premium Weight	Standard Premium Weight
4' 2"	54 - 59	60 - 124	125 - 149
4' 3"	56 - 62	63 - 129	130 - 155
4' 4"	59 - 64	65 - 135	136 - 161
4' 5"	60 - 67	68 - 140	141 - 168
4' 6"	63 - 70	71 - 145	146 - 174
4' 7"	65 - 72	73 - 151	152 - 181
4' 8"	67 - 75	76 - 156	157 - 187
4' 9"	70 - 78	79 - 162	163 - 194
4' 10"	72 - 80	81 - 167	168 - 201
4' 11"	75 - 83	84 - 173	174 - 208
5' 0"	77 - 86	87 - 179	180 - 215
5' 1"	80 - 89	90 - 185	186 - 222
5' 2"	83 - 92	93 - 191	192 - 229
5' 3"	85 - 95	96 - 198	199 - 237
5' 4"	88 - 98	99 - 204	205 - 244
5' 5"	91 - 101	102 - 210	211 - 252
5' 6"	93 - 104	105 - 217	218 - 260
5' 7"	96 - 108	109 - 223	224 - 268
5' 8"	99 - 111	112 - 230	231 - 276
5' 9"	102 - 114	115 - 237	238 - 284
5' 10"	105 - 117	118 - 244	245 - 292
5' 11"	108 - 121	122 - 251	252 - 301
6' 0"	111 - 124	125 - 258	259 - 309
6' 1"	114 - 128	129 - 265	266 - 318
6' 2"	117 - 131	132 - 273	274 - 326
6' 3"	121 - 135	136 - 280	281 - 335
6' 4"	124 - 139	140 - 288	289 - 344
6' 5"	127 - 142	143 - 295	296 - 353
6' 6"	130 - 146	147 - 303	304 - 363
6' 7"	134 - 150	151 - 311	312 - 373
6' 8"	137 - 154	155 - 319	320 - 382
6' 9"	140 - 158	159 - 327	328 - 392
6' 10"	144 - 162	163 - 335	336 - 402
6' 11"	147 - 166	167 - 343	344 - 412
7' 0"	151 - 170	171 - 351	352 - 422
7' 1"	155 - 174	175 - 360	361 - 432
7' 2"	158 - 178	179 - 368	369 - 442
7' 3"	162 - 182	183 - 377	378 - 452
7' 4"	166 - 186	187 - 386	387 - 463

\* **Preferred premium** requires **both** a Preferred Premium Weight (green column) **and** no tobacco or nicotine use within the past 12 months.

If the applicant's weight falls within one of the Standard Premium Weight columns, standard premium rates apply even if the applicant has not used tobacco or nicotine within the past 12 months.

If the applicant's weight is below the lowest Standard Premium Weight or above the highest Standard Premium Weight, the applicant is not insurable.

## MEDICATIONS

The Medications Guide beginning on the following page is a 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 medications listed for a listed condition / impairment. Example: The applicant takes Adrucil for Cancer. This is uninsurable; do not submit the application.

The medications are listed using a three column format: first in the generic name, followed by common brand names, then the condition treated by the medication. If you only know the brand name of the drug, you can do a word find (word search) using the electronic version of this guide on your computer or tablet to quickly determine if the drug is on the list or not. Or, find out the generic name of the drug, and you can search the table using a printed version of this guide because the drugs are sorted alphabetically by generic name in the first column.

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## PARTIAL LIST OF UNINSURABLE MEDICATIONS

Below is a partial list of uninsurable medications. Please contact underwriting if you are unsure about a medication that does not appear in the list below.

If the medication is on the list below but is being prescribed for a condition not listed below or is being prescribed in an “off-label” situation, the condition may or may not be insurable. However, if the “off-label” condition being treated is on the list of uninsurable health conditions, the risk is not insurable. If the situation is not clear, it is best to contact underwriting in advance of filling out an application.

Generic	Brands	Used for
abacavir	Ziagen	HIV
abarelix	Plenaxis	cancer
abciximab	ReoPro	heart
acamprosate	Campral	alcohol abuse
adalimumab	Humira	rheumatoid arthritis
AL-721	AL-721	AIDS, HIV
albuterol/ipratropium	DuoNeb, Combivent Respimat	COPD
alemtuzumab	Campath, Lemtrada	multiple sclerosis, leukemia
alteplase	Activase	heart, stroke
altretamine	Hexalen	cancer
amantadine	Endantadine, Symmetrel, Symadine	Parkinson's
ambrisentan	Letairis	pulmonary hypertension
amiodarone	Cordarone, Pacerone, Nexterone	heart
anakinra	Kineret	rheumatoid arthritis
anastrozole	Arimidex	cancer
apomorphine	Apokyn, Uprima	Parkinson's
aripipazole	Abilify, Aristada	schizophrenia
asparaginase	Elspar	leukemia
atazanavir	Reyataz	HIV
auranofin	Ridaura	rheumatoid arthritis
aurothioglucose	Solganal	rheumatoid arthritis
aurothiomalate	Myochrysin, Aurolate	severe arthritis
azathioprine	Imuran, Azasan	rheumatoid arthritis, kidney transplant
BCG	TheraCyx, Tice BCG	bladder cancer
becaplermin	Regranex	diabetic neuropathy
benztropine	Cogentin	Parkinson's
bevacizumab	Avastin	cancer
bicalutamide	Casodex	prostate cancer
biperiden hydrochloride	Akineton	Parkinson's
bleomycin	Blenoxane	cancer
bromocriptine	Cycloset, Parlodel	Parkinson's
busulfan	Myleran, Busulfex	cancer
capecitabine	Xeloda	cancer
carbidopa	Lodosyn	Parkinson's
carbidopa/levodopa	Sinemet, Rytary, Duopa, Atamet, Carbilev, Parcopa	Parkinson's
carboplatin	Paraplatin	cancer
chlorambucil	Leukeran	cancer, kidney disease, rheumatoid arthritis

<b>Generic</b>	<b>Brands</b>	<b>Used for</b>
chlorotrianisene	Tace	cancer
chlorpromazine	Thorazine	schizophrenia, psychosis
cilostazol	Pletal	peripheral vascular disease
cinacalcet	Sensipar	hyperparathyroidism due to cancer or kidney disease
cisplatin	Platinol	cancer
cladribine	Leustatin	leukemia
clozapine	Clozaril, FazaClo, Versacloz	schizophrenia
cyclophosphamide	Cytoxan, Neosar	cancer, rheumatoid arthritis, lupus
cycloserine	Seromycin	tuberculosis
cyclosporine	Neoral, Sandimmune, Gengraf	organ transplant, cancer, severe arthritis
dalteparin	Fragmin	cardiovascular, cancer
dantrolene	Dantrium, Ryanodex, Revonto	multiple sclerosis
darunavir	Prezista	AIDS, HIV
delavirdine	Rescriptor	AIDS, HIV
didanosine	Videx, ddl	AIDS, HIV
dipyridamole	Persantine	cardiovascular
dipyridamole/aspirin	Aggrenox	stroke, TIA
disulfiram	Antabuse	alcohol abuse
donepezil	Aricept	dementia
doxorubicin	Adriamycin, Caelyx, Rubex	cancer
dronabinol	Marinol, THC	cancer
efavirenz	Sustiva	AIDS, HIV
emtricitabine	Atripla	AIDS, HIV
emtricitabine	Emtriva, Coviracil	AIDS, HIV
emtricitabine/tenofovir	Truvada	HIV
enfuvirtide	Fuzeon	AIDS, HIV
enoxaparin	Lovenox	peripheral vascular disease
entacapone	Comtan	Parkinson's
entacapone/levodopa/carbidopa	Stalevo	Parkinson's
epoetin alfa	Epogen, Procrit, Eprex	chronic kidney disease
eptifibatide	Integrilin	heart
ergoloid mesylates	Hydergine	dementia
estramustine	Emcyt	cancer
etanercept	Enbrel	severe arthritis
ethinyl estradiol	Estinyl	cancer
ethopropazine	Parsidol	Parkinson's
etoposide	VePesid, Toposar, Etopophos	cancer
exemestane	Aromasin	cancer
filgrastim	Neupogen, Granix, Zarxio	cancer
flecainide	Tambocor	heart
fluorourcil	Adrucil	cancer
fluphenazine	Modecate, Prolixin, Moditen, Permitil	psychosis
flutamide	Euflex, Eulexin	cancer
fondaparinux	Arixtra	vascular disease
fosamprenavir	Lexiva	HIV

<b>Generic</b>	<b>Brands</b>	<b>Used for</b>
foscarnet sodium	Foscavir	AIDS, HIV
fulvestrant	Faslodex	cancer
galantamine	Razadyne, Reminyl	dementia
glatiramer	Copaxone, Glatopa	multiple sclerosis
gold sodium thiomalate	Myochrysine, Aurolate	severe arthritis
goserelin	Zoladex	cancer
haloperidol	Haldol, Peridol	psychosis
heparin	Calcilean, Calciparine, Hepalean, Liquaemin	cardiovascular
hydroxyurea	Hydrea, Droxia	cancer
imatinib	Gleevec	cancer
indinavir	Crixivan, IDV	AIDS, HIV
infliximab	Remicade	rheumatoid arthritis
insulin > 50 units per day	many brands	diabetes mellitus
interferon	many brands	AIDS, HIV, cancer, multiple sclerosis, hepatitis
interferon alfa-2a	Roferon-A	AIDS, HIV, cancer
interferon beta 1a	Avonex, Rebif	multiple sclerosis
interferon beta 1b	Betaseron, Extavia	multiple sclerosis
ipratropium	Atrovent	COPD
isoniazid	Hyzyd, INH, Laniazid, Nydrazid, Rimifon, Tubizid	tuberculosis
lamivudine	Combivir, 3TC, Eпивir	AIDS
lamivudine/zidovudine/abacavir	Trizivir	HIV
letrozole	Femara	cancer
leucovorin	Wellcovorin	cancer
leuprolide	Lupron, Eligard	cancer
levamisole hydrochloride	Ergamisol	cancer
levodopa	Larodopa, Dopar, L-Dopa	Parkinson's
lomustine	Gleostine, CCNU	cancer
lopinavir	Kaletra	HIV
loxapine	Loxitane	schizophrenia
maraviroc	Selzentry	HIV
medroxyprogesterone acetate	Depo-Provera, Provera, Amen, Curretab, Cyocrin	cancer
megestrol	Megace	cancer
melphalan	Alkeran	cancer
memantine	Namenda	dementia
methadone	Methadose, Dolophine	severe pain
methotrexate	Trexall, Rheumatrex, Rasuvo, Otrexup	severe arthritis, cancer
mitomycin	Mutamycin	cancer
mitoxantrone	Novantrone	multiple sclerosis, cancer
morphine	Contin, Avinza, Depodur, Duramorph, Infumorph, Astramorph, Kadian, Oramorph, Rapi-Ject, Roxanol	severe pain
mycophenolate	CellCept, Myfortic	myasthenia gravis, organ transplant

<b>Generic</b>	<b>Brands</b>	<b>Used for</b>
naltrexone	ReVia, Vivitrol, Depade	opioid or alcohol detox
natalizumab	Tysabri	multiple sclerosis
nebulizer device		respiratory / pulmonary disorders
nelfinavir	Viracept	AIDS, HIV
neostigmine	Prostigmin, Bloxiverz	Myasthenia Gravis
nesiritide	Natrecor	congestive heart failure
nevirapine	Viramune	AIDS, HIV
nilutamide	Nilandron	cancer
nitroglycerine	glyceryl trinitrate, Nitrol, Nitro Bid, Tridil, NTG	heart
nitroglycerine transdermal	NitroDur, Minitran, Deponit, Nitrocine	heart
olanzapine	Zyprexa	schizophrenia
ondansetron	Zofran	cancer
oxygen		Respiratory / pulmonary disorder
paliperidone	Invega	schizophrenia
penicillamine	Cuprimine, Depen	rheumatoid arthritis, disease of liver or kidneys
pergolide mesylate	Permax	Parkinson's
perphenazine	Trilafon	schizophrenia
pimozide	Orap	schizophrenia
pramipexole	Mirapex	Parkinson's
procainamide	Procanbid, Pronestyl	heart
prochlorperazine	Compazine	psychosis
procyclidine	Kemadrin	Parkinson's
pyridostigmine	Mestinon, Regonol	Myasthenia Gravis
quetiapine	Seroquel	schizophrenia
quinidine	Quinaglute, Quinidex	
rasagiline	Azilect	Parkinson's
riluzole	Rilutek	ALS - amyotrophic lateral sclerosis
risperidone	Risperdal	schizophrenia, psychosis
ritonavir	Norvir	AIDS, HIV
rituximab	Rituxan	non-Hodgkin lymphoma
rivastigmine	Exelon	dementia
ropinirole	Requip	Parkinson's
rotigotine	Neupro	Parkinson's
saquinavir	Invirase, Fortovase	AIDS, HIV
selegiline	Carbex, Eldepryl, Zelapar	Parkinson's
sotalol	Betapace, Sorine, Sotylize	heart
stavudine	Zerit, d4T	AIDS, HIV
streptozocin	Zanosar	cancer
tacrine	Cognex	dementia
tacrolimus	Prograf, Hecoria, Astagraf, Envarsus	myasthenia gravis, organ transplant
tamoxifen	Soltamox	cancer
tenofovir	Viread	AIDS, HIV
testolactone	Teslac	cancer
thioridazine	Mellaril	psychosis, dementia

<b>Generic</b>	<b>Brands</b>	<b>Used for</b>
thiotepa	Tespa, Thioplex	cancer
thiothixene	Navane	psychosis
ticlopidine	Ticlid	cardiovascular
tiotropium	Spiriva	COPD
tipranavir	Aptivus	AIDS, HIV
tirofiban	Aggrastat	heart, kidney
tolcapone	Tasmar	Parkinson's
toremifene	Fareston	cancer
trastuzumab	Herceptin	cancer
treprosinil	Tyvaso, Remodulin, Orenitram	pulmonary hypertension
trifluoperazine	Stelazine	schizophrenia, psychosis
trihexyphenidyl	Artane, Trihex	Parkinson's
triptorelin	Trelstar	cancer
valganciclovir	Valcyte	cytomegalovirus disease, HIV
vincristine	Oncovin, Vincasar	cancer
warfarin	Coumadin, Jantoven	cardiovascular
zalcitabine	Hivid, ddC	AIDS, HIV
zidovudine	AZT, ZDV, Retrovir	AIDS, HIV, hepatitis
ziprasidone	Geodon	schizophrenia, psychosis
zoledronic acid	Reclast, Zometa	hypercalcemia caused by cancer

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## UNINSURABLE HEALTH CONDITIONS

The following situations are uninsurable:

- surgery, medical tests, treatment or therapy that has not been performed
- surgery may be required within the next 12 months for cataract(s)
- hospitalized two or more times within the last two years
- currently hospitalized, bedridden, living in a nursing facility, receiving hospice or home health care, using a wheelchair or a motorized mobility aid

If the applicant has been diagnosed with **diabetes**, any of the factors bulleted below will make the risk not acceptable. Simply being on insulin is not, by itself, a cause for a decline.

- more than 50 units of insulin daily\*
- three or more medications to treat diabetes (insulin and oral)\*
- three or more medications to treat high blood pressure\*
- retinopathy (vision complications)
- neuropathy (neurological complications)
- heart disease of any type

\*If these factors existed more than one year ago but not within the past year, the risk can be insurable. If these factors existed at any time within the past year, the risk is not insurable. If the applicant's history does not fall clearly into either of these two categories, consideration for coverage may be given to those persons with controlled hypertension and diabetes. An applicant is considered to be controlled if his/her A1C reading is 7 or under and his/her blood pressure readings are 150/90 or below. In general, to verify stability there should be no other medical complications related to diabetes or high blood pressure and their A1C and blood pressure reading are within the standards provided above. Individual consideration will be given when appropriate.

**If the client has ever had the following conditions, the risk is not insurable.**

organ transplant
amputation caused by disease
emphysema
chronic pulmonary disorder examples: bronchiectasis, chronic bronchitis, chronic obstructive lung disease, chronic interstitial disease, chronic pulmonary fibrosis, cystic fibrosis, sarcoidosis.
Use of supplemental oxygen or a nebulizer to treat a pulmonary / respiratory disorder
Parkinson's disease
multiple sclerosis
ALS (amyotrophic lateral sclerosis), Lou Gehrig's disease
systemic lupus
myasthenia gravis
Alzheimer's disease
senile dementia
other cognitive disorder
AIDS, ARC or HIV infection

**Generally, if the client has been treated or been advised by a physician to have treatment for the following conditions within the last two years, the risk is not insurable.** However, for some but not all of these conditions, there might be situations where an applicant has been receiving medical treatment or taking prescription medication for a long-standing and controlled health condition.

Some conditions might be 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. Another option is to call an underwriter before completing the application.

The conditions listed in the first three rows of the table below are not subject to this special consideration.

internal cancer or melanoma
chronic kidney disease, including end stage renal disease, renal failure
cirrhosis
chronic hepatitis
alcoholism
drug abuse
mental or nervous disorder requiring psychiatric hospitalization
heart attack
coronary artery disease
congestive heart failure
enlarged heart
heart value surgery including replacement
heart rhythm disorders
use of heart pacemaker or defibrillator
stroke
TIA (transient ischemic attack)
carotid artery disease
peripheral vascular disease
osteoporosis with one or more fractures
rheumatoid arthritis
crippling or disabling arthritis

### **DENIAL OF CLAIM AND/OR POLICY RESCISSION**

If Liberty Bankers Life determines that any answers provided on the application for insurance were incorrect or untrue, the company has the right to deny benefits or rescind the policy.

## **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 Liberty Bankers Life and attached to the policy to make it part of the contract.

The agent is responsible for submitting completed applications to Liberty Bankers Life'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 is included in the signature page. The 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.

### **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.

### **CREDITABLE COVER LETTER**

If the applicant is claiming a Guaranteed Issue right, a letter of creditable coverage is needed from the prior insurance carrier (either employer/group coverage) that informs the new insurance carrier that the policyholder has had recent health care insurance coverage which qualifies for Guaranteed Issue.

### **DISENROLLMENT LETTER**

This is a letter from the prior Medicare Advantage carrier providing the type of plan, effective dates, and policyholder's name and stating that the policy holder is no longer covered.

## **STATE SPECIFIC REQUIREMENTS & FORMS**

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

### **COLORADO**

**Form: Commission Disclosure** – This form is to be completed by the agent, and then signed by the agent and applicant. Leave a copy with the applicant and retain a copy in the agent's file for the applicant.

### **IOWA**

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

### **ILLINOIS**

**Form: Medicare Supplement Checklist** – The Checklist must be completed and submitted with the application and a copy left with the applicant. This is updated annually and will have current year in form ID.

### **LOUISIANA**

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

### **NEBRASKA**

**Senior Health Counseling Notice** – This form is to be left with the Applicant.

### **OHIO**

**Form: Sales Appointment Form** – Form must be completed, signed and submitted with the application. In completing this Appointment Form, the form number is the Plan Form number for each plan being applied for and is listed on the Outline of Coverage rate page.

### **TEXAS**

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



**Liberty Bankers Life**

Insurance Company

DRAFT

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