

FOR USE IN FLORIDA

AMERICO  
**Medicare**  
**Supplement**

*Underwritten by Great Southern Life Insurance Company*

**Agent Underwriting Guidelines**



## Table of Contents

Contact Information .....	Page 4
• Addresses for Mailing	
• Important Phone and Fax Numbers	
Introduction.....	Page 5
Policy Issue Guidelines.....	Page 5
• Open Enrollment	
• Selective Issue	
• Application Sign Dates	
• Coverage Effective Dates	
• Replacements	
• Reinstatements	
• Telephone Interviews	
• Pharmaceutical Information	
• Guarantee Issue Rules	
Medicare Advantage (MA).....	Page 8
• Medicare Advantage (MA) Annual Election Period	
• Medicare Advantage (MA) Proof of Disenrollment	
• Guarantee Issue Rights	
Premium.....	Page 10
• Calculating Premium	
• Eligibility	
• Completing the Premium on the Application	
• Bank Draft Authorization Form	
• Refunds	
Application .....	Page 13
• Application Sections	
• Declined Applications	
• Applicants Requesting the Reason for Declination	
• Withdrawn Applications	
• Not Taken Insurance Policies	
Health Information .....	Page 16
• Uninsurable Health Conditions	
• Medication Guideline – a partial list of medications associated with uninsurable health conditions	
Required Forms.....	Page 21
• Application	
• Producer Statement	
• Premium Worksheet	
• Important Consumer Notices	
• Medicare Supplement Replacement Notice	
• Bank Draft Authorization Form	
State Specific Forms .....	Page 21

## CONTACT INFORMATION

### Addresses for Mailing New Business and Delivery Receipts

When mailing or shipping your new business applications, be sure to use the appropriate address listed below.

### Medicare Supplement Administrative Office Mailing Information

#### Mailing Address

Americo  
IAS Medicare Supplement Administration  
P.O. Box 10812  
Clearwater, FL 33757-8812

#### Overnight/Express Address

Americo  
IAS Medicare Supplement Administration  
17757 US HWY 19 N , STE 660  
Clearwater FL 33764

### Important Phone and Fax Numbers

Call 1.877.212.2346 for Claims, Underwriting, Customer Service, and Commissions.

Hours: 9 am – 5 pm Eastern

Underwriting Fax #	877.212.2329
New Business Fax #	855.864.8526
Marketing Support Phone #	800.231.0801
Agent Licensing Phone #	800.231.0801
Agent Licensing Fax #	800.395.9238

To access your Medicare Supplement policies and the Agent portal: go to [agent.americo.com](http://agent.americo.com), log in, and click the Med Supp Portal link.

## INTRODUCTION

This guide provides information about the evaluation process used in underwriting and issuing Medicare Supplement insurance policies underwritten by Great Southern Life Insurance Company (GSL). Our goal is to issue insurance policies as quickly and efficiently as possible while assuring proper evaluation of each risk. To accomplish this goal, writing agents will be notified via the agent portal of any problem(s) with a submitted application. All policies and procedures are as of the revision date listed on the front cover and are subject to change. **Clients who are first eligible for Medicare on or after January 1, 2020 are considered ‘Newly Eligible’. Clients first eligible for Medicare prior to January 1, 2020 are considered ‘Not Newly Eligible’.**

## POLICY ISSUE GUIDELINES

All applicants must be covered under Medicare Parts A & B. 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.

### Open Enrollment

An applicant is eligible for a six-month open enrollment period on the first day of the month in which he/she is both 65 or older and enrolled 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.

For any applicant that qualifies for Open Enrollment due to disability or end state renal disease, please furnish a copy of the applicant’s Medicare card or letter from Social Security reflecting the Part B effective date. The policy effective date must be within the six-month Open Enrollment period.

### Selective Issue

Applicants over the age of 65 and at least six months beyond enrollment in Medicare Part B will be selectively underwritten (unless applying during a guarantee issue period). All health questions must be answered. The answers to the health questions on the application will determine the eligibility for coverage. If any health questions are answered “Yes,” the applicant may not be eligible for coverage. Applicants will be accepted or declined. Pre-existing conditions exclusions will not be used.

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

### Application Sign Dates

- **Open Enrollment:** Up to six months prior to the month the applicant turns age 65 and/or is eligible for Medicare Part B.
- **Underwritten Cases:** Up to 60 days prior to the requested coverage effective date.

### Coverage Effective Dates

Coverage will be made effective as indicated below:

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

**Exception: Applications written on the 29th, 30th, or 31st of the month may be dated the 28th of the same month upon request, unless this will cause a duplication of benefits that is prohibited by federal or state law or regulation.**

## **Replacements**

An “internal replacement” takes place when an applicant wishes to terminate an existing Medicare Supplement policy underwritten by an Amerigo affiliate insurance company, and replace it with another available Medicare Supplement plan. An “external replacement” takes place when an applicant wishes to terminate any other external company policy and replace with a newer or different Medicare Supplement policy. A fully completed application is required for external replacements and internal replacements requesting an upgrade of benefits.

A current client wanting to apply for a non-tobacco plan must complete a new application and qualify for coverage. Clients wishing to change their Risk Class rating because of weight loss must maintain that weight loss for at least 12 months. A new application is required and will be underwritten.

If an applicant has had a Medicare Supplement policy issued by an Amerigo affiliate insurance company within the last 60 days, any new applications will be considered to be a replacement application and will not be subject to further underwriting. If more than 60 days has elapsed since prior coverage was in force, then applications will follow normal underwriting rules.

The policy to be replaced must be in force on the date of replacement. 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 duplicating any other existing Medicare Supplement, Medicare Select, or Medicare Advantage plan.

If, for any reason, the replacement policy cannot be issued, the insured will remain on the policy under which they are currently enrolled. Internal replacements for the same coverage are not underwritten. External replacements are underwritten unless the applicant qualifies for Open Enrollment or Guaranteed Issue.

## **Reinstatements**

When a Medicare Supplement policy has lapsed within 90 days of the last paid to date, coverage may be reinstated, if the Reinstatement Request is made and the underwriting requirements are met.

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 call to verify the information on their application.

## **Pharmaceutical Information**

We have implemented a process to support the collection of pharmaceutical information for underwritten Medicare Supplement applications. In order to obtain the pharmaceutical information as requested, the “Health Information Authorization” is included in the application. Prescription information noted on the application will be compared to the additional pharmaceutical information received.

## Guarantee Issue Rules

The rules listed below are federal requirements and can also be found in the Guide to Health Insurance for People with Medicare. Plans A, B, D, or G are offered on a guarantee issue basis to newly eligible clients. Plans A, B, C, or F are offered on a guarantee issue basis to clients who are **not** newly eligible.

Voluntarily leaving an employer group health plan does not always result in the applicant's eligibility for guaranteed issue. In this situation, state laws may vary. Not all Guaranteed Issue situations are represented.

Guarantee Issue Situation	Client has the right to buy . . .
Client has Original Medicare and an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays. That coverage is ending.	Medicare Supplement Plan that is sold in client's state by any insurance company. <b>If newly eligible:</b> Plan A, B, D, G, HDG, K, or L <b>If not newly eligible:</b> Plan A, B, C, F, HDF, K, or L If client has COBRA coverage, client can either buy a Medicare Supplement policy right away or wait until the COBRA coverage ends.
Client has Original Medicare and a Medicare SELECT policy. Client moves out of the Medicare SELECT plan's service area. Client can keep your Medicare Supplement policy or he/she may want to switch to another Medicare Supplement policy.	Medicare Supplement Plan that is sold by any insurance company in client's state or the state he/she is moving to. <b>If newly eligible:</b> Plan A, B, D, G, HDG, K, or L <b>If not newly eligible:</b> Plan A, B, C, F, HDF, K, or L
Client's Medicare Supplement insurance company goes bankrupt and the client loses coverage, or client's Medicare Supplement policy coverage otherwise ends through no fault of client.	Medicare Supplement Plan that is sold in client's state by any insurance company. <b>If newly eligible:</b> Plan A, B, D, G, HDG, K, or L <b>If not newly eligible:</b> Plan A, B, C, F, HDF, K, or L

**GROUP HEALTH PLAN TERMINATION FOR FLORIDA RESIDENTS:** Underwriting will issue Medicare Supplement coverage as Guaranteed Issue (GI) to any individual residing in the state of Florida who is 65 years of age or older, or under 65 years of age and eligible for Medicare by reason of a disability or end-stage renal disease, when enrolled in Medicare Part B, upon the request of the individual during the 2-month period following termination of coverage under any group health insurance policy, not limited to employer group health coverage. All Medicare Supplement Plans are available to this category of applicants.

# MEDICARE ADVANTAGE (MA)

## Medicare Advantage (MA) Annual Election Period

General Election Periods for Medicare Advantage (MA)	Time Frame	Allows for...
Annual Election Period (AEP)	Oct. 15th – Dec. 7th of every year	Enrollment selection for a MA plan Disenroll from a current MA plan Enrollment selection for Medicare Part D
Medicare Advantage Open Enrollment Period	Jan. 1st – March 31st of every year	Switch from one MA Plan to another MA enrollees to disenroll from any MA plan and return to Original Medicare. MA enrollees returning to Original Medicare to join a Medicare Prescription Drug Plan.  <i>This does not provide an opportunity to:</i> Switch from Original Medicare to a MA Plan Join a Medicare Prescription Drug Plan if you're in Original Medicare Switch from one Medicare Prescription Drug Plan to another if you're in Original Medicare

There are many types of election periods other than the ones listed above. For any questions regarding MA disenrollment eligibility, contact your State Health Insurance Assistance Program (SHIP) office or call 1-800-MEDICARE, as each situation presents its own unique set of circumstances. The SHIP office will help the client disenroll and return to Medicare.

### Medicare Advantage (MA) Proof of Disenrollment

Underwriting cannot issue Medicare Supplement coverage without proof of Medicare Advantage disenrollment. If a member disenrolls from Medicare Advantage, the MA plan must notify the member of his/her rights to buy other coverage.

### Disenrolling from a Medicare Advantage Plan

Complete the MA section on the Medicare Supplement application.

For Guaranteed Issue applications: proof must be submitted.

For Underwritten or Open Enrollment applications: once the application has been approved, the agent will be contacted via the agent portal and advised to begin the disenrollment process from the MA plan. New Business will verify the disenrollment date on Medicare.gov against the effective date of the policy and will issue the policy upon confirmation of disenrollment.

- Effective date cannot overlap the MA coverage date.
- Policies will not be mailed until confirmation of disenrollment from the MA plan is received.

## Guarantee Issue Rights

The rules listed below are federal requirements and can also be found in the Guide to Health Insurance for People with Medicare. We offer plans A or F on a guarantee issue basis.

Guarantee 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 Medicare Supplement Plan that is sold in the client's state by any insurance carrier. Client must switch to Original Medicare Plan.  <b>If newly eligible:</b> Plan A, B, D, G, HDG, K, or L <b>If not newly eligible:</b> Plan A, B, C, F, HDF, K, or L
Client joined an MA plan when first eligible for Medicare Part A at age 65 and within the first year of joining, decided to switch back to Original Medicare.	buy any Medicare Supplement plan that is sold in your state by any insurance company.
Client dropped his/her Medicare Supplement policy to join an MA Plan for the first time, have been in the plan less than a year and want to switch back.	obtain client's Medicare Supplement policy back if that carrier still sells it. If his/her former Medicare Supplement policy is not available, the client can buy a Medicare Supplement Plan that is sold in his/her state by any insurance company.  <b>If newly eligible:</b> Plan A, B, D, G, HDG, K, or L <b>If not newly eligible:</b> Plan A, B, C, F, HDF, K, or L
Client leaves an MA plan because the MA insurance company has not followed the rules, or has misled the client.	buy Medicare Supplement Plan that is sold in the client's state by any insurance company.  <b>If newly eligible:</b> Plan A, B, D, G, HDG, K, or L <b>If not newly eligible:</b> Plan A, B, C, F, HDF, K, or L

# PREMIUM

## Calculating Premium

Before you begin, utilize the Height and Weight Chart on page 11 to determine eligibility for coverage, unless the applicant is in an open enrollment or guarantee issue period.

### Utilize Outline of Coverage

- Determine Plan
- Find Age/Gender - Verify that the age and date of birth are the exact age **as of the effective date**.
- Determine ZIP code where the client resides and find the correct rate for that ZIP code.
- Determine if Tobacco rates apply.
- To determine annual premium, multiply by 12.

UTILIZE OUTLINE OF COVERAGE EXAMPLE:

Calculate Premium Instructions	Premium Calculation Example
Determine Medicare Supplement insurance plan.	Plan G
Find Age/Gender - Verify that the age and date of birth are the exact age of the effective date.	67 / Male
Determine ZIP code where the client resides.	33401
Determine if Tobacco rates apply.	Non-Tobacco
Use the Medicare Supplement plan's monthly premium from the Outline of Coverage based on the information above.	\$256.59
Payment Options – To determine annual premium, multiply by 12.	\$256.59 monthly payment \$3,079.13 annual payment

### Utilizing the Premium Worksheet

The Premium Worksheet is included with each application packet and provides detailed instructions for calculating premiums.

### Types of Medicare Policy Ratings

- **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 lower 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.
- **Issue-age Rated** - The premium is based on the age of the applicant when the Medicare Supplement policy is purchased. 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. In Florida, premium is based on the applicant's issue age.
- **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.

### Definition of Domestic Partner

Either partner of an unmarried same or opposite sex couple in a relationship considered as being equivalent to marriage for the purpose of extending certain legal rights and benefits.

## Eligibility

To determine if the applicant is eligible for coverage, locate the applicant's height, then weight (in pounds) on the chart below. If the applicant's weight is in the Decline column, they are not eligible for coverage at this time.

Height	Decline Weight	Standard Weight	Decline Weight
4' 6"	< 70	71 – 128	129 +
4' 7"	< 73	74 – 133	134 +
4' 8"	< 75	76 – 138	139 +
4' 9"	< 78	79 – 143	144 +
4' 10"	< 81	82 – 148	149 +
4' 11"	< 84	85 – 153	154 +
5' 0"	< 87	88 – 158	159 +
5' 1"	< 89	90 – 164	165 +
5' 2"	< 92	93 – 169	170 +
5' 3"	< 95	96 – 175	176 +
5' 4"	< 99	100 – 180	181 +
5' 5"	< 102	103 – 186	187 +
5' 6"	< 105	106 – 192	193 +
5' 7"	< 108	109 – 197	198 +
5' 8"	< 111	112 – 203	204 +
5' 9"	< 115	116 – 209	210 +
5' 10"	< 118	119 – 216	217 +
5' 11"	< 108	122 – 222	223 +
6' 0"	< 125	126 – 228	229 +
6' 1"	< 128	129 – 234	235 +
6' 2"	< 132	133 – 241	242 +
6' 3"	< 136	137 – 248	249 +
6' 4"	< 139	140 – 254	255 +
6' 5"	< 143	144 – 261	262 +
6' 6"	< 147	148 – 268	269 +
6' 7"	< 150	151 – 275	276 +
6' 8"	< 154	155 – 282	283 +
6' 9"	< 158	159 – 289	290 +
6' 10"	< 162	163 – 296	297 +
6' 11"	< 166	167 – 303	304 +
7' 0"	< 170	171 – 311	312 +
7' 1"	< 174	175 – 318	319 +
7' 2"	< 178	179 – 326	327 +
7' 3"	< 183	184 – 333	334 +
7' 4"	< 187	188 – 341	342 +

## Completing the Premium on the Application

The available premium payment modes at the time of policy issue are:

- Annual Direct Bill
- Monthly Bank Draft (Modal Factor = 1/12)

The payment mode should be selected on the application, with the amount of modal premium indicated in the Premium Payment section. If an application is submitted without premium, the first modal premium will be drafted as indicated on the Bank Draft Authorization Form. If a selection is not made on the Bank Draft Authorization Form, the first modal premium will be drafted on effective date.

*Note: If utilizing electronic funds transfer (EFT) as a method of payment, please complete the Authorization for Automatic Funds Withdraw form. If paying the initial premium by EFT, the authorization form must be completed and submitted with the application.*

## Collection of Premium

For policies other than EFT, a full modal premium must be submitted with the application.

- Money orders, cashier's checks, and counter checks are only acceptable if obtained by the applicant. Third party payors cannot obtain a money order or cashier's check on behalf of the applicant.

*Note: We do not accept post-dated checks or payments from Third Parties, including any Foundations, as premium for Medicare Supplement. Immediate family members and domestic partners are acceptable payors.*

## Business Checks

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

## Important Consumer Notices

Leave the Important Consumer Notices with the applicant.

## Bank Draft Authorization Form

If paying by bank draft, the Bank Draft Authorization Form must be completed.

## Part 1 – Select the preferred bank draft day

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

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

\*For beneficiaries who first started receiving social security May 1997 or later.

\*\*If date falls on weekend or holiday, payment is made prior business day.

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

## Refunds

The company will make all refunds to the payor in the event of rejection, incomplete submission, overpayment, cancellation, etc.

## Our General Administrative Rule - 12 Month Rate

It is current administrative practice to leave rates in effect, without adjustment, for 12 months from the effective date of coverage.

## APPLICATION

Properly completed applications should be finalized within 5 - 7 days of receipt at the Amerigo Medicare Supplement administrative office. The ideal turnaround time for the policy to be provided to the producer or the client is 11 - 14 days, including mail time.

### Application Sections

The application must be completed in its entirety. The Medicare Supplement application consists of nine sections that must be completed. Please be sure to review your applications for the following information before submitting:

#### Personal Information

- Please complete the client's residence address in full. Ensure age and Date of Birth are the **exact age** as of the **effective date**.
- Medicare card number, also referred to as the Health Insurance Claim (HIC) number, is vital for electronic claims payment.
- Height / Weight is required on underwritten cases and is required for premium calculation.

#### Plan Section

- Entire section must be completed.
- Answer the tobacco question if present.

#### Eligibility

- Please indicate if the applicant is covered under Parts A and B of Medicare.

#### Medicare & Insurance Information

- If the applicant is applying during the Guarantee Issue period, be sure to include proof of eligibility.
- If the applicant is replacing another Medicare Supplement policy, complete replacement question #4 and include the Replacement Notice.
- If the applicant is leaving a Medicare Advantage plan, complete replacement question #3 and include the Replacement Notice.
- 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 replacement question #5.
- Verify if the applicant is covered through his/her state Medicaid program. If Medicaid is paying for benefits other than the applicant's Part B premium or the Medicare Supplement premium for this policy, then the applicant is not eligible for coverage.

#### General Information

Read through the information in this section with the applicant.

## Premium Payment & Administration

- Entire section must be completed.
- This section should indicate modal premium and initial premium amount. The initial bank draft will be drafted on the Effective Date unless specified otherwise.
- A Bank Draft Authorization Form must be completed and submitted with the application in order to set up the applicant for automatic bank drafts.

## Medical Questions

- If the applicant is applying during an open enrollment or a guaranteed issue period, do not answer health questions.
- If applicant is not considered to be in Open Enrollment or a Guaranteed Issue situation, health questions must be answered.

## Other Health Insurance Policies or Certificates

If you have sold the applicant any other health insurance policies or certificates in the last 5 years, you must disclose those policies here.

## Agreement & Acknowledgment

- Applicant acknowledges receiving the Guide to Health Insurance and Outline of Coverage. These two documents must be left with the client at the time the application is completed.
- Signatures and dates are required by applicant(s) and writing agent. The writing agent must be appointed in the state where the application is signed and the applicant's resident state, if different.  
*Note: Applicant's signature must match name of applicant on the application. In rare cases where applicant cannot sign his/her name, a mark ("X") is acceptable. For their own protection, producers are advised against acting as sole 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.  
*Note: Power of Attorney signatures are only allowed for Medicare Supplement applications applying for guaranteed issue or open enrollment.*

## Producer Statement

The producer(s) must certify that they have:

- provided the applicant with a copy of the replacement notice, if applicable;
- accurately recorded the information supplied by the applicant on the application;
- and have interviewed the proposed applicant.

Producer(s) must provide signatures and dates on the Producer Statement. The producer(s) must be appointed in the state where the application is signed and the applicant's resident state, if different.

## Declined Applications

Applications will be declined for the following reasons:

- When interviewed by the company, the applicant does not recall filling out the application.
- A family member filled out and signed the application.
- A POA or other representative signed the application when the applicant was not in a Medicare Supplement Open Enrollment or Medicare Supplement Guaranteed Issue period.
- Any "yes" answers to the medical questions (Excludes the Tobacco question).
- The application was taken by an agent who was not licensed and appointed at the time of solicitation in the applicant's resident and signature state.
- The applicant is unable or unwilling to complete the telephone interview.

- If additional forms requested by the underwriter are not submitted within the allotted time frame.
- If the client is taking any of the drugs listed on the Medication guideline for the condition listed. (See Medication list - page 18).
- If the application was submitted with a premium check from a third party payor that has no family or business relationship to the applicant, except where prohibited by law. Please note, renewal premium payments will not be accepted from a third party payor that has no family or business relationship to the applicant or Foundations, except where prohibited by law.
- If the applicant is replacing a Medicare Advantage Plan and is unable to provide proof of disenrollment from the Medicare Advantage Plan.
- If an applicant cannot provide the medical condition that a prescribed medication is treating and is unable to obtain the information from their physician.
- Ineligible medications found on Prescription Query.

### **Applicants Requesting the Reason for Declination**

- If the reason for declination was non-medical, we are able to release this information verbally to both the agent and applicant.
- If the reason for declination came from information the applicant disclosed during the phone interview, we will advise the applicant verbally and send a declination letter directly to the applicant only. This request can be made verbally or in writing.
- If the reason for declination came from medical records or information obtained directly from a physician – we will only release the reason for declination to a physician of the applicant’s choice. This request should be in writing indicating the name, address and phone number of the physician and signed by the applicant.
- If the reason for declination came from Prescription History, a declination letter will be sent to the applicant with detailed instructions for the client on how to obtain copies of any information that was obtained during the course of the underwriting process.

### **Withdrawn Applications**

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

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

A full refund of the premium submitted with a withdrawn application will be processed 21 business days after the date the check was deposited (to ensure the check has cleared the bank). If an applicant requests the refund prior to that, the applicant’s financial institution will be contacted to verify the check has cleared. The refund check and a letter confirming the application was withdrawn will be mailed to the applicant. A copy of the letter will also be mailed to the writing agent. The agent will also be notified that the application was withdrawn via an Agent Portal Message.

If an application was submitted without premium, a letter confirming the application was withdrawn will be mailed to the applicant. A copy of the letter will also be mailed to the writing agent. The agent will also be notified that the application was withdrawn via an Agent Portal Message.

### **Not Taken Insurance Policies**

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

If the applicant was mailed an insurance policy with outstanding delivery requirements, and the delivery requirements are not received within the allotted time frame, the insurance policy will be considered Not Taken and processed as such. A letter confirming the application was not taken will be mailed to the applicant. The agent will be notified via an Agent Portal Message.

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

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

## HEALTH INFORMATION

### Uninsurable Health Conditions

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

HIV/AIDS	Diabetes - Insulin >50 units/day
Alzheimer's Disease	Emphysema
ARC	Kidney disease requiring dialysis
Cirrhosis	Lateral Sclerosis (ALS)
Chronic Pain Syndrome	Lupus - Systemic
Chronic Obstructive Pulmonary Disease (COPD)	Multiple Sclerosis
Other chronic pulmonary disorders to include:	Myasthenia Gravis
Chronic bronchitis	Organ transplant
Chronic obstructive lung disease (COLD)	Osteoporosis with resulting fractures
Chronic asthma	Parkinson's Disease
Chronic interstitial lung disease	Senile Dementia
Chronic pulmonary fibrosis	Other cognitive disorders to include:
Cystic fibrosis	Mild cognitive impairment (MCI)
Sarcoidosis	Delirium
Bronchiectasis	Organic brain disorder
Scleroderma	Spinal Stenosis

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

- Implantable cardiac defibrillator
- Use of supplemental oxygen
- Use of a nebulizer within the last 6 months
- Asthma requiring continuous use of more than two medications, including inhalers
- Taking any medication that must be administered in a physician's office
- Advised to have surgery, medical tests, treatment or therapy not yet completed
- If applicant's height/weight is in the decline column on the chart
- Ineligible medications

## MEDICATION GUIDELINE

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

Generic	Brands	Uninsurable Health Condition
abacavir	Ziagen	HIV
abarelix	Plenaxis	cancer
acamprosate	Campral	alcohol abuse
AL-721	AL-721	AIDS, HIV
albuterol/ipratropium	DuoNeb, Combivent Respimat	COPD, emphysema
altretamine	Hexalen	cancer
amantadine	Endantadine, Symmetrel, Symadine	Parkinson's
anakinra	Kineret	rheumatoid arthritis
apomorphine	Apokyn, Uprima	Parkinson's
atazanavir	Reyataz	HIV
auranofin	Ridaura	rheumatoid arthritis
aurothioglucose	Solganal	rheumatoid arthritis
azathioprine	Imuran, Azasan	rheumatoid arthritis, kidney transplant
BCG	TheraCyx, Tice BCG	bladder cancer
baclofen	Lioresal, Lioresal Intrathecal, Gablofen	multiple sclerosis
benztropine	Cogentin	Parkinson's
bicalutamide	Casodex	prostate cancer
biperiden hydrochloride	Akineton	Parkinson's
bleomycin	Blenoxane	cancer
bromocriptine	Cycloset, Parlodel	Parkinson's
busulfan	Myleran, Busulfex	cancer
carbidopa	Lodosyn	Parkinson's
carbidopa/levodopa	Sinemet, Rytary, Duopa, Atamet, Carbilev, Parcopa	Parkinson's
carboplatin	Paraplatin	cancer
chlorambucil	Leukeran	cancer, kidney transplant, rheumatoid arthritis
chlorotrianisene	Tace	cancer
chlorpromazine	Thorazine	psychosis, schizophrenia
cisplatin	Platinol	cancer
cyclophosphamide	Cytosan, Neosar	cancer, rheumatoid arthritis, lupus
cycloserine	Seromycin	tuberculosis
cyclosporine	Neoral, Sandimmune, Gengraf	organ transplant, cancer, rheumatoid arthritis
darunavir	Prezista	AIDS, HIV
delavirdine	Rescriptor	AIDS, HIV

Generic	Brands	Uninsurable Health Condition
didanosine	Videx, ddl	AIDS, HIV
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
entacapone	Comtan	Parkinson's
entacapone/levodopa/carbidopa	Stalevo	Parkinson's
epoetin alfa	Epogen, Procrit, Eprex	chronic kidney disease, HIV, cancer
ergoloid mesylates	Hydergine	dementia
etanercept	Enbrel	rheumatoid arthritis
ethinyl estradiol	Estinyl	cancer
ethopropazine	Parsidol	Parkinson's
etoposide	VePesid, Toposar, Etopophos	cancer
filgrastim	Neupogen, Granix, Zarxio	cancer
fluphenazine	Modecate, Prolixin, Moditen, Permitil	psychosis
flutamide	Euflex, Eulexin	cancer
fosamprenavir	Lexiva	HIV
foscarnet sodium	Foscavir	AIDS, HIV
furosemide (>60mg/day)	Lasix	heart disease
galantamine	Razadyne, Reminyl	dementia
glatiramer	Copaxone, Glatopa	multiple sclerosis
gold sodium thiomalate	Myochrysin, Aurolate	severe arthritis
goserelin	Zoladex	cancer
haloperidol	Haldol, Peridol	psychosis
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

Generic	Brands	Uninsurable Health Condition
ipratropium	Atrovent	COPD, emphysema
lamivudine	Combivir, 3TC, Epivir	AIDS
lamivudine/zidovudine/abacavir	Trizivir	HIV
leuprolide	Lupron, Eligard	cancer
levamisole hydrochloride	Ergamisol	cancer
levodopa	Larodopa, Dopar, L-Dopa	Parkinson's
lomustine	Gleostine, CCNU	cancer
lopinavir	Kaletra	HIV
maraviroc	Selzentry	HIV
medroxyprogesterone acetate	Depo-Provera, Provera, Amen, Curretab, Cycrin	cancer
megestrol	Megace	cancer
melphalan	Alkeran	cancer
memantine	Namenda	dementia
methotrexate	Trexall, Rheumatrex, Rasuvo, Otrexup	severe arthritis (>20mg/wk), cancer
mitomycin	Mutamycin	cancer
mitoxantrone	Novantrone	multiple sclerosis, cancer
mycophenolate	CellCept, Myfortic	myasthenia gravis, organ transplant
naltrexone	ReVia, Vivitrol, Depade	opioid or alcohol detox
natalizumab	Tysabri	multiple sclerosis
nelfinavir	Viracept	AIDS, HIV
neostigmine	Prostigmin, Bloxiverz	Myasthenia Gravis
nesiritide	Natrecor	congestive heart failure
nevirapine	Viramune	AIDS, HIV
ondansetron	Zofran	cancer
oxygen		COPD, emphysema
paliperidone	Invega	schizophrenia
pergolide mesylate	Permax	Parkinson's
pramipexole	Mirapex	Parkinson's
prednisone	Rayos, Sterapred	severe arthritis (>7.5mg/day), lupus, chronic lung disease
procyclidine	Kemadrin	Parkinson's
pyridostigmine	Mestinon, Regonol	Myasthenia Gravis
rasagiline	Azilect	Parkinson's
riluzole	Rilutek	ALS - amyotrophic lateral sclerosis
risperidone	Risperdal	psychosis, schizophrenia
ritonavir	Norvir	AIDS, HIV
rivastigmine	Exelon	dementia
ropinirole	Requip	Parkinson's

Generic	Brands	Uninsurable Health Condition
rotigotine	Neupro	Parkinson's
saquinavir	Invirase, Fortovase	AIDS, HIV
selegiline	Carbex, Eldepryl, Zelapar	Parkinson's
stavudine	Zerit, d4T	AIDS, HIV
streptozocin	Zanosar	cancer
tacrine	Cognex	dementia
tacrolimus	Prograf, Hecoria, Astagraf, Envarsus	myasthenia gravis, organ transplant
tenofovir	Viread	AIDS, HIV
testolactone	Teslac	cancer
theophylline	many brands	COPD, emphysema
thioridazine	Mellaril	psychosis, dementia
thiotepa	Tespa, Thioplex	cancer
thiothixene	Navane	psychosis
tiotropium	Spiriva	COPD, emphysema
tipranavir	Aptivus	AIDS, HIV
tolcapone	Tasmar	Parkinson's
trastuzumab	Herceptin	cancer
trifluoperazine	Stelazine	psychosis, schizophrenia
trihexyphenidyl	Artane, Trihex	Parkinson's
triptorelin	Trelstar	cancer
valganciclovir	Valcyte	HIV
vincristine	Oncovin, Vincasar	cancer
zalcitabine	Hivid, ddC	AIDS, HIV
zidovudine	AZT, ZDV, Retrovir	AIDS, HIV, hepatitis
ziprasidone	Geodon	schizophrenia
zoledronic acid	Reclast, Zometa	hypercalcemia caused by cancer

## REQUIRED FORMS

### **Application (Series 5510)**

Only current Medicare Supplement applications may be used in applying for coverage. A copy of the completed application will be made by Amerigo and attached to the policy to make it part of the contract.

The agent is responsible for submitting completed applications to Amerigo home office.

### **Agent Statement (Series 5510-AS)**

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

Producers must include their Name and Agent Writing Number. A maximum of two producers are allowed and they should indicate the commission percentage shares, which must total 100%.

### **Health Information Authorization (Series 8555 (05/18))**

Notice must be provided to applicant.

### **Important Consumer Notices (Series 8394-MS (01/17))**

Notice must be provided to applicant.

### **Medicare Supplement Replacement Notice (Series 8550)**

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.

### **Bank Draft Authorization Form (18-247-10)**

If premiums are paid by automatic bank draft, complete this form.

## STATE SPECIFIC FORMS

The following form is specifically mandated by Florida to accompany the application:

Florida Agent Certification Form – This form is to be completed in duplicate by the Producer, then signed by the Producer and Applicant. Leave a copy with the Applicant and retain a copy in the Applicant's file submitted with the application.



GREAT  
SOUTHERN LIFE  
INSURANCE COMPANY

PO Box 410288  
Kansas City, MO 64141-0288

## About Americo

Americo is the brand name for insurance products issued by the subsidiary insurance companies owned by Americo Life, Inc. For over 100 years, Americo Life, Inc.'s family of insurance companies has been committed to providing the life insurance and annuity products you need to protect your mortgage, family, and future.<sup>1</sup> We listen to what you want from an insurance policy or annuity and do our best to provide a proper solution for your individual situation.

Innovative thinking has helped us build a strong financial foundation for our business. Americo Life, Inc., is one of the largest, independent, privately held insurance groups in the United States<sup>2</sup> with [\$6.5 billion] in assets for year-end [2018].<sup>3</sup>

<sup>1</sup>Americo Life, Inc. is a holding company and is not responsible for the financial condition or contractual obligations of its affiliate insurance companies.

<sup>2</sup>"Admitted Assets, Top Life Writers-[2018]," A.M. Best Co., as of September [2018].

<sup>3</sup>Information is as of year end [2018] on a consolidated basis. Information is prepared on the basis of generally accepted accounting principles (GAAP).

## Important Information

Medicare Supplement insurance policies (Policy Series 500) are underwritten by Great Southern Life Insurance Company (GSL), [Kansas City, MO], and may vary in accordance with state laws. Some products and benefits may not be available in all states. GSL is authorized to conduct business in the District of Columbia and all states except [NH, NJ, NY, and VT].

Neither GSL nor its Medicare Supplement insurance policies are connected with or endorsed by the US government or the federal Medicare program.

© Americo 2020