



For Producer Use Only

Virginia

**Medicare Supplement (A70)
Producer Instructions**

*Thank you for choosing Medico Insurance Company
as your carrier for Medicare Supplement Insurance!*

Medico Insurance Company's Medicare Supplement product
can be sold online by using our MyEnroller program.
Simply log in to mic.GoMedico.com to get started.

Please read these Producer Instructions to ensure a smooth application process.

There are two options available for you to begin the application process.

Option 1 Using the Application Booklet (34 112 1013 0116 VA)

The Application Booklet was created with your ease-of-use in mind. It contains all of the forms needed, in one convenient package, to write and submit an application. **Forms listed below in SECTION A must be completed and removed from the booklet and sent to Medico Insurance Company. The forms listed below in SECTION B must be left with the applicant.**

Option 2 Using Individual Forms

If you choose to use individual forms, the following instructions will assist you in writing and submitting new business.

SECTION A Please complete the following forms and return them to Medico Insurance Company.

- 34 112 1019 0116 VA Application
- 24 115 3831 0414 US Payment Authorization Form
- 24 112 0797 0214 US HIPAA Authorization
- 34 113 0967 0515 US Replacement Form

SECTION B Please leave the following forms with the applicant.

- Advertising Brochure See MIC Website for the version approved in this state
- 34 115 4444 0116 VA Receipt
- 34 113 0967 0515 US Replacement Form
- 34 114 3775 0116 VA Outline of Coverage

NOTE: *The Medicare Supplement Buyer's Guide must be provided to any Medicare-eligible applicant. You may leave the applicant a hard copy or the applicant can choose to accept an electronic version of the Guide. The Guide can be found on our website at www.GoMedico.com/products.*

Additional Instructions

Outline of Coverage

To provide an Outline of Coverage to the applicant at the time of application. You may:

1. Print and/or download the outline from the MIC website; or
2. Order the outline on the MIC website or call Agent Sales Support at 1-800-547-2401 – Option 3

Medicare Supplement Underwriting Guidelines

For a copy of the Underwriting Guidelines, **24 115 4036 0315 US**, go to the MIC website at mic.GoMedico.com. Go to the “Forms” tab and click on “Forms” to get started.

Our goal with the Medicare Supplement product has always been and continues to be to offer competitively priced plans and keep annual rate increases to single digits. If underwritten properly, these goals can be met.

A Personal Health Interview (PHI) will be required for all underwritten cases. The underwriter will contact the client and obtain additional information concerning their health history and/or clarification of the answers provided on their application. Producer should instruct the applicant not considered Open Enrollment or Guaranteed Issue, to have their medication list available for the interview.

The folks at the **Underwriting Hotline (1-800-626-2068) are still available to help with risk selection questions.*

Premium Clarification

- **Household Discount/Rate Structure**

Although these policies are issued individually, an applicant is eligible for a household discount if he/she lives in the same household with another person over 18 years of age, regardless of whether both apply for coverage.

- If the applicant chooses the **Automatic Bank Withdrawal** or **Credit Card** method of payment and the application is submitted without any premium, the initial premium will be drafted from the Insured's account on the Policy Date (effective date of coverage).
- Note: Unless a future Effective Date is requested, the premium will be drawn as soon as the policy is issued. Please make sure the applicant is aware of this.

Effective Date

Effective Date must be after the Application Date. If no Effective Date is requested, the Effective Date will be the day the application is approved by our Underwriting Department.

For the most current product information and forms visit:

mic.GoMedico.com.

For questions on how to use the application booklet, how to use individual forms or information on this product or any other products, call Agent Sales Support

Agent Sales Support – 1-800-547-2401 - Option 3

Submit applications to the Office either by:

**Mail: Medico Insurance Company
Administrative Services
PO Box 10386
Des Moines, IA 50306**

or

**FAX:
Toll Free
1-888-363-3420**

or

**File Upload:
mic.GoMedico.com**