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FINANCIAL SECURITY



PROSPERITY
LIFE GROUP®

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and SBLI USA Life Insurance, Company, Inc.
members of Prosperity Life Group

Not Intended to Create Public Interest in an Insurance Product, an Insurer, or Agent

MEDICARE SUPPLEMENT UNDERWRITING GUIDELINES

Please review this guide BEFORE presenting proposals and submitting applications. The purpose of this guide is to provide agents with the basic information needed to market Medicare Supplement Insurance. While we have made every effort to make this information as accurate as possible, it should only be used as a guide to help agents to field underwrite potential applicants for Medicare Supplement Insurance. Prosperity's goal is to issue insurance policies as quickly and efficiently as possible while assuring proper evaluation of each risk. To help accomplish this goal, writing agents will be notified via the agent portal to advise him/her of any problem(s) with an application. Please remember that no agent has the authority to change any benefits, bind Insurance or to promise a certain effective date. All policies and procedures are as of the revision date listed on the front cover and are subject to change.

It is the agent's responsibility and duty to obtain accurate and complete information on the application. It is the agent's obligation to the applicant to review all questions and related answers. Care on the part of the agent saves time, expense, and misunderstanding. This guide provides information about the evaluation process used in underwriting and issuing of Medicare Supplement insurance policies.

PROSPERITY LIFE GROUP MEDICARE SUPPLEMENT MISSION STATEMENT

In the crowded marketplace of Medicare Supplement carriers, it is crucial to have a savvy, well-seasoned team strategizing, coordinating, and marketing insurance products that are correctly priced to provide rate stability for our customers, a steady, consistent income for independent agents who place their business and trust in us and to grow profitably, gain financial strength, and produce competitive, stable products.

Prosperity Life Group is a marketing name for products and services provided by one or more of the member companies of Prosperity Life Group LLC, including SBLI USA Life Insurance Company, Inc., S.USA Life Insurance Company, Inc. and Shenandoah Life Insurance Company. Members not licensed in all states. Only SBLI USA Life Insurance Company, Inc. is licensed in New York. Each company offers a variety of insurance products and is solely responsible for its own financial and contractual obligations. SBLI USA Life Insurance Company, Inc. is not affiliated with the Savings Bank Mutual Life Insurance Company of Massachusetts or the Savings Bank Life Insurance Company of Connecticut.

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Important Addresses

Addresses for Mailing New Business and Delivery Receipts

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

New Business Mailing address:

S.USA LIFE INSURANCE COMPANY, INC.

Medicare Supplement Administration

P.O. Box 10853

Clearwater, FL 33757-8853

SBLI USA LIFE INSURANCE COMPANY, INC. (FOR MISSISSIPPI, NEW JERSEY, AND NORTH CAROLINA ONLY)

Medicare Supplement Administration

P.O. Box 10853

Clearwater, FL 33757-8853

Overnight Address (FOR USE ON OVERNIGHT MAIL ONLY)

S.USA LIFE INSURANCE COMPANY, INC.

17757 US HWY 19 N

Suite 660

Clearwater, FL 33764

SBLI USA LIFE INSURANCE COMPANY, INC. (FOR MISSISSIPPI, NEW JERSEY, AND NORTH CAROLINA ONLY)

17757 US HWY 19 N

Suite 660

Clearwater, FL 33764

Important Phone, Fax, Email Contacts

Service Phone Number - 1-855-228-3771

Option 2 - Policy Holder

Press 1 – Policy Owner Services

Press 2 - Claims

Option 3 - New Application

Press 1 - Telephone Interview

Press 2 - Underwriting

Option 4 - Agent

Press 1 - E-app Tech Support

Press 2 - Underwriting

Press 3 - Commission

Press 4 - Customer Service

Press 5 - Claims

Option 5 - Provider

Press 1 - 1099

Press 2 - Claims mailing

Press 3 - Website information

Press 4 - Receipt payment

Press 5 - Benefits

Press 6 - Claims

Marketing Support: 1-877-990-7225

Supplies Fax Number: 1-212-624-0711

Underwriting Fax Number: 1-855-227-6266

Marketing Support Email: medsuppsupport@prosperitylife.com

Commissions Email: medsuppsupport@prosperitylife.com

Supplies Email: medsuppsupport@prosperitylife.com

Basic Instructions for New Business Submissions

Mailed:

- Checks must be made out to the applicable underwriting company, S.USA or SBLI USA (MS, NJ, and NC).
- NO money orders will be accepted as payment for premiums.
- Correct modal premium will be verified during the telephone verification and adjusted, if needed. The balance of premium will be collected at the time of policy delivery, if applicable.

Faxed:

- Faxed applications require payment via bank draft only.
- A fax cover sheet must accompany the application package.
- The first modal premium and the policy fee (if applicable) will be drafted based on the selection made on the Bank Authorization form.
- If the application is received without the completed Bank Draft Authorization, the writing agent will be contacted via message on the agent portal.

All New Business Submissions:

- Applications must be received in the home office within 21 days of the application signed date or a new application will be required.
- If the quote on the application is less than the modal premium, we will contact the agent to have the application corrected to reflect the correct premium. As an exception to this process, if speaking with the applicant during the telephone interview, we can obtain acceptance of the premium change verbally, as the phone call is recorded.
- Correct modal premium will be verified during the telephone verification and adjusted, if needed.
- Underwritten applications are accepted up to sixty (60) days prior to the requested effective date.
**During AEP, we will accept applications in the month of October for an effective date of 1/1.
- Open Enrollment applications will be accepted up to 3 months prior to the requested effective date.
- Applicants over the age of 65 who are six months or more beyond enrollment in Medicare Part B date will be medically underwritten (unless applying in a Guaranteed Issue period).
- If an applicant is in their open enrollment period and does not provide proof of a continuous period of creditable coverage for at least 6 months, their policy will contain a 6 month pre-existing conditions exclusion. If the continuous period of creditable coverage was less than 6 months, the exclusion period will be reduced for the period of time creditable coverage was in place.
- Guaranteed Issue Applications will not be accepted more than 63 days prior to the month the applicant's Guaranteed Issue scenario is triggered.

Introduction

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

Policy Issue Guidelines

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

MACRA 2020

Plan changes under the Medicare Access and CHIP Reauthorization Act of 2015 ("MACRA") – *Effective January 1, 2020*

MACRA is the largest scale change to the American health care system following the Affordable Care Act in 2010. The biggest impact for agents selling Medicare Supplement is that starting January 1, 2020, Medicare Supplement plans sold to individuals who are newly eligible for Medicare will not be allowed to cover the Part B deductible. Because of this, **starting on January 1, 2020, Plans C and F can no longer be sold to individuals who are newly eligible for Medicare.** This prohibition applies in all states, including waiver states.

"Newly eligible" means those individuals who: (a) have attained age 65 on or after January 1, 2020; or (b) first become eligible for Medicare due to age, disability or end-stage renal disease (ESRD) on or after January 1, 2020. This means that to be ineligible to purchase Plan C or F, an individual must have turned 65 and first become Medicare eligible on or after January 1, 2020 OR an individual that has not turned 65 but first become eligible for Medicare due to Disability or ESRD on or after January 1, 2020. If an individual becomes Medicare eligible before January 1, 2020 based on disability or ESRD status, OR turns 65 before January 1, 2020, whether eligible for Medicare on that date or not, they would not be considered "newly eligible" under MACRA and can buy a Plan C or F when they are entitled to Medicare Part A and enrolled in Part B.

Current enrollees (those eligible for Medicare prior to January 1, 2020) who already have Plan C or F (including the high deductible version of Plan F) or are covered by one of these plans before January 1, 2020, will be able to keep that plan and may continue to buy Plans C and F beyond January 1, 2020.

Since Plans C and F will no longer be available for "newly eligible" Medicare beneficiaries, Plans D and G will be the designated Guaranteed Issue plans for these individuals. Since Plan F High Deductible cannot be sold to "newly eligible" persons, a new Plan G High Deductible has been created. Starting January 1, 2020, the new Plan G High Deductible will be available to both newly eligible and current Medicare beneficiaries.

Because CMS plans to impose penalties for any policy that is issued incorrectly, it is imperative that, starting January 1, 2020, agents address this issue by verifying date of Medicare eligibility before completing an application, using the following guidelines:

- ✓ If the individual was born on December 31, 1954 or before – they became eligible for Medicare before January 1, 2020 and have a right to purchase a Medicare Supplement Plan C or Plan F.

- ✓ If the individual was born on January 1, 1955 or after – they became age eligible for Medicare on or after January 1, 2020 and cannot purchase a Medicare Supplement Plan C or Plan F unless they became eligible for Medicare as a result of disability or ESRD on or before January 1, 2020 (see below).
- ✓ Individuals who qualify for Medicare as a result of disability or ESRD must have qualified on or before January 1, 2020 to be able to purchase Plan C or F; those qualifying on or after January 1, 2020 cannot purchase a Medicare Supplement Plan C or F.

The following chart displays what is covered under the various plans and who is eligible for which plans as of January 1, 2020:

Benefits	Plans Available to All Applicants								Plans Available ONLY to those first eligible before 01/01/2020	
	A	B	D	G / G ¹	K	L	M	N	C	F / F ¹
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
							✓	copays apply ³		
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in [2019] ²					[\$5560] ²	[\$2780] ²				

¹Plans F and G also have a high deductible option which require first paying a plan deductible of \$[2300] before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

²Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

³Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.

Open Enrollment Applications - Pre-Existing Limitations

- If an applicant is in their open enrollment period and does not provide proof of a continuous period of creditable coverage of at least 6 months, their policy will contain a six (6) month pre-existing condition exclusion. Be sure to include the applicant's creditable coverage information on the application, and submit proof of this coverage with this application.
- A pre-existing condition excluded from coverage is any health condition for which a medical device or treatment (this includes prescription medications) was recommended by a medical professional or received from a medical professional within a six (6) months period preceding the Effective Date of coverage.
- Benefits will not be paid under the policy for the first 6 months of coverage for any pre-existing condition(s). Medicare may still cover a condition(s) which is not covered under the Medicare Supplement policy.
- If the continuous period of creditable coverage was less than 6 months, the exclusion period will be reduced for the period of time creditable coverage was in place.

Application Dates

- Open Enrollment – Up to three (3) months prior to the month the applicant’s Part B effective date.
- 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 60 days before coverage ends but no later than 63 days past the date their coverage ends.

Coverage Effective Dates

Coverage will be made effective as indicated below:

1. Open Enrollment – If the applicant is applying during their Part B Open Enrollment, the effective date can be the first of the month in which the applicant’s Part B becomes effective. If the applicant’s birthday falls on the first of the month, their Part B effective date can be the first day of the previous month. *It is important to note that the effective date must fall within the open enrollment window.*
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. Applications written for an effective date of the 29th, 30th, or 31st of the month may be made effective on the 1st of the next month.

***Applications may not be backdated prior to the application signed date for any reason except 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.*

Replacements

A “replacement” takes place when an applicant wishes to exchange an existing Medicare supplement policy/certificate from SBLI/SUSA (internal) or another company (external) for a newer or different Medicare supplement/ Select policy. Internal replacements (in most instances known as a plan change) are processed the same as external replacements, requiring a fully-completed application. If the internal replacement is an upgrade to their current plan, underwriting is required. If the internal replacement is a downgrade to their current plan, the request would not require underwriting. The replacement cannot be requested 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.

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

If an applicant has had a Medicare Supplement policy issued by SBLI or SUSA within the last 60 days, any new applications will be considered to be a replacement application. If more than 60 days has elapsed since prior coverage was in force, then the application would not be considered a 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.

Medicare Advantage (MA)

Medicare Advantage (MA) Annual Election Period

General Election Periods for Medicare Advantage (MA)	Timeframe	Allows for...
Annual Election Period (AEP)	Oct. 15th – Dec. 7th of every year	<ul style="list-style-type: none"> • Enrollment selection for a MA Plan • Disenrollment from a current MA Plan • Enrollment selection for Medicare Part D
Medicare Advantage Open Enrollment Period (MAOEP)	Jan. 1st – March 31st of every year	<ul style="list-style-type: none"> • You can switch to another MA Plan (with or without drug coverage). • You can disenroll from your MA Plan and return to Original Medicare. If you choose to do so, you'll be able to join a Medicare Prescription Drug Plan. • If you enrolled in a MA plan during your Initial Enrollment Period, you can change to another MA Plan (with or without drug coverage) or go back to Original Medicare (with or without drug coverage) within the first 3 months you have Medicare.

Replacing a Medicare Advantage Plan

Enrollment in Medicare Supplement insurance does NOT mean disenrollment from an MA Plan. Applicants should contact their current insurer or 1-800-Medicare to see if they are eligible for disenrollment. Applicants may choose disenrollment from their MA Plan by enrolling in a stand-alone prescription drug plan if they are able to do so. Medicare Advantage and Medicare Supplement coverage cannot overlap, and there should be no gap in coverage, so request a plan effective date to coincide with the date existing coverage ends.

Requirements Regarding Proof of Disenrollment from Medicare Advantage

If Eligible for Guaranteed Issue:

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

If Not Eligible for Guaranteed Issue:

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

- ✓ Stating when the MA program started;
- ✓ 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 MA termination/disenrollment;
- ✓ Providing the planned date of MA termination/disenrollment ("END" date);
- ✓ 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 desires disenrollment from a MA Plan, and all of the above information is provided, we will **NOT** require proof of termination from the MA provider. ***It is the applicant's responsibility to complete disenrollment from the MA coverage.*** Please note that the "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare" published by CMS advises that if the client joins a MA Plan, he/she cannot be sold a Medigap policy unless the coverage under the MA Plan will end before the effective date of the Medigap policy.

If an individual is requesting Guaranteed Issue or disenrollment 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 necessary 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 with disenrollment and return to Original Medicare.

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.

The situations listed below can also be found in “Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare.”

Note: All plans we offer are not available for Guaranteed Issue.

Guaranteed Issue Situation	Client has the right to buy
<p>Client is in the original Medicare Plan and has an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays. That coverage is ending. Note: In this situation, state laws may vary.</p>	<p>Medigap Plan A, B, C, F, K or L that is sold in client’s state by any insurance company. If client has COBRA coverage, client can either buy a Medigap policy/certificate right away or wait until the COBRA coverage ends.</p>
<p>Required supporting documentation could be a dated letter from either the employer or group carrier including the Client’s name, type of coverage, coverage-end date, and termination reason.</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. 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>Required supporting documentation could be a dated letter from the SELECT carrier including the Client’s name, type of coverage, coverage-end date, and termination reason that includes the reason moving out of the service area and the date of the move.</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>
<p>Required supporting documentation could be a dated letter from the carrier including the Client’s name, type of coverage, coverage-end date, and termination reason.</p>	

Guaranteed Issue Rights for Termination of Group Health Plan

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

Involuntary Termination:

- 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

Voluntary Termination: If the coverage was terminated voluntarily, eligibility requirements differ based on state law. See chart below.

Note: All plans we offer are not available Guaranteed Issue.

State	Qualifies for Guaranteed Issue
KS	No conditions – always qualifies.
IN, MT, NJ, OH, PA, 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.
NM, OK, VA, WV	If the employer sponsored plan's benefits are reduced substantially.
MN	Basic plan and any combination of these riders: Part A Deductible, Part B Deductible, and Part B Excess for all Guaranteed Issue situations.

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

For purposes of GI eligibility where the employer sponsored plan must pay primary to Medicare, the GI documentation submitted must show that the employer plan pays primary to Medicare.

Guaranteed Issue Rights for Loss of Medicaid Qualification

Note: All plans may not be available for Guaranteed Issue

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

Application Sections

The application must be completed in its entirety.

Section 1: Applicant Information

- ✓ Applicant's residence address in full. If correspondence is to be mailed to an address other than the applicant's residence address, please complete the mailing address in full.
- ✓ Applicant's date of birth and age as of the effective date. ****Age and premiums are based on the effective date, not the date the application was signed.**
- ✓ Medicare Card Number also referred to as the Health Insurance Claim (HIC) number. This is vital for electronic claims payment.
- ✓ The tobacco question must be answered for all underwritten applications, as well as in certain states for Open Enrollment and Guaranteed Issue applications.
- ✓ Height/Weight Build Chart – see Height and Weight Chart Section of this Guide

Section 2: Plan/Premium Payment Information

- ✓ This section should indicate the plan selected and requested effective date.
- ✓ Include premium, policy fee, and premium collected/initial bank draft. If no premium is collected, indicate when initial premium should be drafted or processed, issue or effective date. If neither is selected on the Initial Bank Draft Authorization Form, the first modal premium and policy fee will be drafted on the effective date.
- ✓ Include payment mode & payment method. *Monthly payment mode is only allowed with Bank Draft payment method.*
- ✓ If applying for the Household Premium Discount this should be completed in this section. If yes, the Household Discount Form should be completed.

Section 3: Medicare Information

- ✓ Indicate if the applicant is covered under Parts A and B of Medicare and Effective or Eligibility dates.
- ✓ Please indicate if the applicant is applying during a Guaranteed Issue Period. Be sure to include proof of eligibility if the answer is “yes”.
- ✓ Please indicate if the applicant is applying during their open enrollment period. If “yes,” please explain about the six (6) month pre-existing conditions exclusion period if the applicant does not have a 6-month period of continuous creditable coverage (or a reduced exclusion period if the period of creditable coverage is less than 6 months).

Section 4: Medical Questions

- ✓ All medical questions must be answered unless you are applying during open enrollment or a guaranteed issue period.

Section 5: Medication History

- ✓ Please answer if applicant is taking any prescription or over the counter medications recommended by a physician and list all medications, as well as the original date prescribed, dosage, frequency, and diagnosis/condition the medication is treating.
- ✓ See declinable drug list in the Underwriting Section.

Section 6: Replacement Questions

- ✓ A “replacement” takes place when an applicant wishes to terminate an existing Medicare Supplement, Medicare Select or a Medicare Advantage Plan and replace it with a brand new Medicare Supplement policy.
- ✓ 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.
- ✓ See Replacements Section for more information about replacements.

Section 7: Other Insurance if Applicable

- ✓ Producer should list any other health insurance policies/certificates they have sold to the applicant.

Section 8: Important Statements to be Read by Applicant

- ✓ Producer should ensure applicant reads and understands all statements.

Section 9: Authorization

- ✓ Signatures and dates are required by applicant and the writing agent.
- ✓ The date an application is signed, a producer must be appointed in the applicant’s state of residence and the applicant’s signature state (if different than the resident state) before a policy can be issued.
- ✓ If someone other than the applicant is signing the application, please include copies of the papers appointing that person as the legal representative or Power of Attorney (POA). If the documents are over 12 months old, an affidavit will need to be signed and notarized, except where prohibited by law.
- ✓ Power of Attorney and Legal Representatives will only be accepted on Open Enrollment or Guaranteed Issue applications.
- ✓ Include your Agent Writing Number.

Underwriting Information

Medical Questions

Unless an application is completed during Open Enrollment or a Guaranteed Issue period, all medical questions, including the question regarding prescription medications, must be answered.

Medical Questions 1 -11 (AL, GA, IN, KS, MT, NV, TX & WV)

Medical Questions 1-12 (AZ)

Medical Questions 2-12 (CO, KY, MS NE & SC)

Medical Questions 3-13 (AR, UT, VA, IA, LA, MI, MO, NC, NJ, PA & TN)

Medical Questions 3-14 (IL, KY & OH)

- ✓ All of the above medical questions must be “NO” to be considered for coverage.
- ✓ If any of the questions are answered “YES,” the applicant is not eligible for coverage and the application should not be submitted for review. If submitted, the application will be declined.

Medical Question 12 (AL, GA, IN, KS, MT, NV, TX & WV)

Medical Question 13 (AZ, CO, KY, MS, NE & SC)

Medical Question 14 (AR, UT, VA, IA, LA, MI, MO, NC, NJ, PA & TN)

Medical Question 15 (IL, KY & OH)

If the applicant answers “YES” to “Within the last 5 years have you been diagnosed, treated or been advised by a physician to have treatment for Stroke, Transient Ischemic Attack (TIA), Heart Rhythm Disorder, Angioplasty, Heart or Circulatory Surgery, Pacemaker or Defibrillator,” they will need to answer the following questions:

- ✓ In the last two (2) years have you had an increase in dosage or frequency of your medication that you are taking for this condition(s)?
- ✓ In the last five (5) years have you had any hospitalizations related to this condition(s)?
- ✓ In the last five (5) years have you had or been advised to have any surgery, procedure(s) or test(s) for this condition(s)?
- ✓ Do you take more than 2 blood pressure medications (1 combination medication equals two medications)?

****If the applicant answers “YES” to any of these 4 questions, they will not be eligible for coverage. Application should not be submitted for review. If the application is submitted it will be declined.***

*****If the applicant answers “NO” to all 4 questions, they will need to answer the following:***

- ✓ Do you take a blood thinner?

******If the applicant answers “YES” to taking a blood thinner, they will need to answer the following:***

1. Have you had any change in dosage in the last two (2) years?

*****If the applicant answers “YES,” they are not eligible for coverage. Application should not be submitted for review. If the application is submitted it will be declined.***

Medical Question 13 (AL, GA, IN, KS, MT, NV, TX & WV)

Medical Question 14 (AZ, CO, KY, MS NE & SC)

Medical Question 15 (AR, UT, VA, IA, LA, MI, MO, NC, NJ, PA & TN)

Medical Question 16 (IL, KY & OH)

If the applicant answers "YES" to "Do you have Diabetes or are you prescribed medications to regulate your blood sugar," they will need to answer the following questions:

- ✓ Do you require insulin for your Diabetes?
- ✓ Was your most recent A1C reading greater than 7.0?
- ✓ Do you currently take more than two (2) oral medications to control your Diabetes?
- ✓ Have your Diabetic medications been increased in the past 24 months (excludes formulary changes)?
- ✓ Do you have Peripheral Vascular Disease?
- ✓ Do you have Neuropathy, Nephropathy or Retinopathy?
- ✓ Do you have ANY Heart Disorder (excluding High Blood Pressure)?

****If the applicant answers "YES" to any of these 7 questions, they will not be eligible for coverage. Application should not be submitted for review. If the application is submitted it will be declined.***

*****If the applicant answers "NO" to all 7 questions, they will need to answer the following:***

- ✓ Do you have High Blood Pressure (HBP)?

******If the applicant answers "YES" to having High Blood Pressure, they will need to answer the following questions:***

1. Do you currently take more than two (2) medications for High Blood Pressure (1 combination medication equals two medications)?
2. Was your most recent blood pressure reading greater than 150/85?

*****If the applicant answers "YES" to either of these questions, they are not eligible for coverage. Application should not be submitted for review. If the application is submitted it will be declined.***

Pharmaceutical Information

SBLI & SUSA have implemented a process to support the collection of pharmaceutical information for underwritten Medicare supplement applications. In order to obtain the pharmaceutical information, the Authorization page of the application must be completed and signed by the applicant. Prescription information noted on the application will be compared to the pharmaceutical information received. If information received contradicts, is incomplete or reveals other health concerns, a phone interview will be conducted.

Personal Health Interview (PHI)

A telephonic personal health interview will be requested in the following situations:

- ✓ When the prescription history report shows inconsistencies with how the applicant answered the medical questions and/or their prescription history.
- ✓ When the insured answers "yes" to Stroke, TIA, Heart Attack, Heart Rhythm Disorder, Angioplasty, Heart or Circulatory Surgery, Pacemaker, Defibrillator and/or Diabetes and based on the preceding questions appears to be eligible for coverage.
- ✓ Random PHIs on applications that indicate ALL medical questions as "no" and provide no prescription history.
- ✓ Underwriter discretion based on their review of the application.

****Please be sure to advise the applicant that we may be calling to verify the information on their application.***

Declinable Medical Conditions

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

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)	HUMAN IMMUNODEFECIENCY VIRUS (HIV)
AIDS RELATED COMPLEX (ARC)	HUNTINGTON'S DISEASE
ALCOHOLISM	INTERNAL CANCER
ALZHEIMER'S DISEASE	KIDNEY DISEASE REQUIRING DIALYSIS
AMPUTATION DUE TO DISEASE	KIDNEY FAILURE
AMYOTROPHIC LATERAL SCLEROSIS (ALS) / LOU GEHRIG'S DISEASE	LEUKEMIA
ANEMIA REQUIRING BLOOD TRANFUSIONS	LYMPHOMA
BIPOLAR	MAJOR DEPRESSIVE DISORDER
BLOOD DISORDER	MALIGNANT MELANOMA
CARDIOMYOPATHY	MULTIPLE MYELOMA
CHRONIC HEPATITIS (<i>EXCLUDING A</i>)	MULTIPLE SCLEROSIS
CHRONIC KIDNEY DISEASE	MYASTHENIA GRAVIS
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	ORGAN TRANSPLANT
CIRRHOSIS OF THE LIVER	ORGANIC BRAIN DISORDER
COGNITIVE BRAIN DISORDER	OSTEOPOROSIS WITH RELATED FRACTURES
CONGESTIVE HEART FAILURE (CHF)	OTHER CHRONIC PULMONARY DISORDER <i>(includes Asthma if treatment requires the use of more than two (2) Inhalers/Nebulizers and treatment in a physician's office.</i>
CONNECTIVE TISSUE DISORDER	PARANOID DISORDER
CRIPPLING/DISABLING ARTHRITIS	PARKINSON'S DISEASE
CROHN'S DISEASE	PERIPHERAL VASCULAR DISEASE (PVD)
DEGENERATIVE BONE DISEASE	RENAL INSUFFICIENCY
DEMENTIA	RHEUMATOID ARTHRITIS
DIABETES – INSULIN DEPENDENT	SCHIZOPHRENIA

DIABETES – NON-INSULIN with treatment of more than 2 oral medications, Neuropathy, Nephropathy, Retinopathy, ANY Heart Disorder/Condition, PVD and/or High Blood Pressure with treatment of more than 2 medications.	SPINAL STENOSIS
DRUG ABUSE	SYSTEMIC LUPUS (SLE)
EMPHYSEMA	TERMINAL MEDICAL CONDITION (ANY)
HEART FAILURE (ANY TYPE)	ULCERATIVE COLITIS
HEART, CORONARY OR CAROTID ARTERY DISEASE	UNREPAIRED ANEURYSM

Other Declinable Reasons

Applications should not be submitted if any of the following pertain to the applicant:

- ✓ Confined or scheduled for admission to a hospital, assisted living or nursing facility
- ✓ Receiving or advised to have Home Health Care, Hospice or Physical Therapy
- ✓ Use of Supplemental Oxygen
- ✓ Currently bedridden or require assistance of a wheelchair, walker or motorized mobility aid
- ✓ Any assistance required for bathing, toileting, eating, dressing or transferring
- ✓ Within the past 12 months, treatment from a pain clinic or has had any medication administered through injection/infusions or prescribed narcotic medication(s) for chronic pain (*excluding flu, vitamin B-12 & allergy shots*)
- ✓ Any surgery, medical test, treatment or therapy that has been advised by a physician but not completed (*includes Cataract surgery; excludes routine preventative screenings*)
- ✓ Confined to a hospital more than two (2) times in the last two (2) years and/or treated in an Emergency room more than two (2) times in the last six (6) months
- ✓ Height and weight is outside the acceptable limits

Partial List of Medications Associated With Uninsurable Medical Conditions

This list is **NOT ALL-INCLUSIVE**. An application should not be submitted if a client is taking any of the following medications:

Medication	Condition	Medication	Condition
3TC	AIDS	Eldepryl	Parkinson's Disease
Acetate	Prostate Cancer	Eligard	Prostate Cancer
AccuNeb	COPD	Embrel	Rheumatoid Arthritis
Alkeran	Cancer	Emtriva	HIV
Amantadine	Parkinson's Disease	Epivir	HIV
Anoro Ellipta	COPD	Epogen	Kidney Failure, AIDS
Apokyn	Parkinson's Disease	Ergoloid	Dementia
Aptivus	HIV	Esbriet	Pulmonary Fibrosis
Aricept	Dementia	Exelon	Dementia
Artane	Parkinson's Disease	Fuzeon	HIV
Atripla	HIV	Galantamine	Dementia
Avonex	Multiple Sclerosis	Geodon	Schizophrenia
Azilect	Parkinson's Disease	Gold	Rheumatoid Arthritis
AZT	AIDS	Haldol	Psychosis
Baclofen	Multiple Sclerosis	Herceptin	Cancer
BCG	Bladder Cancer	Hydergine (LC)	Dementia
Betaseron	Multiple Sclerosis	Hydrea	Cancer
Bicalutamide	Prostate Cancer	Hydroxyurea	Melanoma, Leukemia, Cancer
Breo	COPD	Imuran	Immunosuppression, Severe Arthritis
Brovana	COPD	Insulin	Diabetes
Carbidopa	Parkinson's Disease	Interferon	AIDS, Cancer, Hepatitis
Casodex	Prostate Cancer	Indinavir	AIDS
Cerefolin	Dementia	Invega	Schizophrenia
Cogentin	Parkinson's Disease	Invirase	AIDS
Cognex	Dementia	Kaletra	HIV
Combivir	HIV	Kemadrin	Parkinson's Disease
Comtan	Parkinson's Disease	L-Dopa	Parkinson's Disease
Copaxone	Multiple Sclerosis	Letairis	Pulmonary Hypertension
Crixivan	HIV	Leukeran	Cancer, Immunosuppression, Severe Arthritis
Cytosan	Cancer, Severe Arthritis, Immunosuppression	Leuprolide	Prostate Cancer
D4T	AIDS	Leuprolide Acetate	Prostate Cancer
DDC	AIDS	Lomustine	Cancer
DDI	AIDS	Levodopa	Parkinson's Disease
DES	Cancer	Lexiva	HIV
Donepezil	Alzheimer's Disease	Lioresal	Multiple Sclerosis
DuoNeb	COPD	Lomustine	Cancer
Ebixa	Alzheimer's Disease	Lupron	Cancer
Lupron Depot (Ped)	Prostate Cancer	Riluzole	ALS
Megace	Cancer	Risperdal	Psychosis

Medication	Condition	Medication	Condition
Megestrol	Cancer	Ritonavir	AIDS
Mellaril	Psychosis	Rivastigmine Tartrate	Alzheimer's Disease
Mellaril	Psychosis	Sandimmune	Immunosuppression, Severe Arthritis
Melphalan	Cancer	Selzentry	HIV
Memantine	Alzheimer's Disease	Sinemet	Parkinson's Disease
Methotrexate	Rheumatoid Arthritis	Stalevo	Parkinson's Disease
Metrifonate	Dementia	Stelazine	Psychosis
Mirapex	Parkinson's Disease	Stiolto Respimat	COPD
Myleran	Cancer	Sustiva	AIDS
Namenda	Alzheimer's Disease	Symmetrel	Parkinson's Disease
Natrecor	CHF	Tacrine	Dementia
Navane	Psychosis	Tasmar	Parkinson's Disease
Nelfinavir	AIDS	Teslac	Cancer
Neoral	Immunosuppression, Severe Arthritis	Thiotepa	Cancer
Neupro	Parkinson's Disease	Thorazine	Psychosis
Norvir	HIV	Tudorza	COPD
Novantrone	Multiple Sclerosis	Trelstar-LA	Prostate Cancer
Paraplatin	Cancer	Triptorelin	Prostate Cancer
Parlodel	Parkinson's Disease	Trizivir	HIV
Permax	Parkinson's Disease	Truvada	HIV
Prednisone	Rheumatoid Arthritis, COPD	Tysabri	Multiple Sclerosis
Prezista	HIV	Valcyte	CMV HIV
Procrit	Kidney Failure, AIDS	VePesid	Cancer
Prolixin	Psychosis	Viadur	Prostate Cancer
Provenge	Prostate Cancer	Videx	HIV
Razadyne (ER)	Dementia	Vincristine	Cancer
Rebif	Multiple Sclerosis	Viracept	HIV
Remodulin	Pulmonary Hypertension	Xolair	Asthma (administered in physician's office)
Requip	Parkinson's Disease	Zanosar	Cancer
Rescriptor	HIV	Zelapar	Parkinson's Disease
Retrovir	AIDS	Zerit	HIV
Reyataz	HIV	Ziagen	HIV
Rilutek	Amyotrophic Lateral Sclerosis	Ziprasidone	Schizophrenia
		Zoladex	Cancer

Acceptable Conditions

MEDICAL IMPAIRMENT	ACCEPTABLE RISK PROFILE
AMPUTATION	Amputation NOT due to disease. Active lifestyle with no limitations. No assistance with ADLs or IADLs.
ANGIOPLASTY, HEART OR CIRCULATORY SURGERY	Applicant has not been advised to have any surgery, procedure/tests or hospitalizations for this condition in the last 5 years. Applicant hasn't taken more than 2 blood pressure medications (<i>1 combination medication equals two medications</i>) or had any increase in dosage or frequency of medication(s) for this condition in the last 2 years and if on a blood thinner, RX history shows compliance and concurrent fills for 2+ years and shows no changes in dosage/frequency. Active lifestyle with no limitations.
ANXIETY	Mild-Moderate, active lifestyle with no limitations. No assistance with ADLs or IADLs.
ASTHMA	Allergic or seasonal asthma, taking no more than 2 medications, active lifestyle, no limitations. No history of emphysema, COPD or tobacco use.
DEPRESSION	Mild-Moderate, active lifestyle with no limitations. No assistance with ADLs or IADLs. Not seen by a Psychiatrist or hospitalized within the past 2 years.
DIABETES	Diabetes treated with not more than 2 ORAL medications (<i>1 combination medication equals 2 medications</i>) with no increases in dosage in the last 2 years (<i>excludes formulary changes</i>). Most recent A1C reading is less than 7.0. If applicant has high blood pressure, treatment with not more than 2 medications and most recent with reading is less than 150/85. No history of Peripheral Vascular Disease (PVD), Neuropathy, Nephropathy, Retinopathy or ANY heart disorder. <i>***Insulin dependent diabetics are not eligible for coverage.</i>
HEART ATTACK	Applicant has not been advised to have any surgery, procedure/tests or hospitalizations for this condition in the last 5 years. Applicant hasn't taken more than 2 blood pressure medications (<i>1 combination medication equals 2 medications</i>) or had any increase in dosage or frequency of medication(s) for this condition in the last two 2 years and if on a blood thinner, RX history shows compliance and concurrent fills for 2+ years and shows no changes in dosage/frequency. Active lifestyle with NO limitations.
HEART RHYTHM DISORDER	Applicant has not been advised to have any surgery, procedure/tests or hospitalizations for this condition in the last 5 years. Applicant hasn't taken more than 2 blood pressure medications (<i>1 combination medication equals 2 medications</i>) or had any increase in dosage or frequency of medication(s) for this condition in the last 2 years and if on a blood thinner, RX history shows compliance and concurrent fills for 2+ years and shows no changes in dosage/frequency. Active lifestyle with no limitations.

MEDICAL IMPAIRMENT	ACCEPTABLE RISK PROFILE
OSTEOARTHRITIS	Active lifestyle with no limitations. No devices needed for ambulation.
PACEMAKER OR DEFIBRILLATOR	Applicant has not been advised to have any surgery, procedure/tests or hospitalizations for this condition in the last 5 years. Applicant hasn't taken more than 2 blood pressure medications (<i>1 combination medication equals 2 medications</i>) or had any increase in dosage or frequency of medication(s) for this condition in the last 2 years and if on a blood thinner, RX history shows compliance and concurrent fills for 2+ years and shows no changes in dosage/frequency. Active lifestyle with no limitations.
STROKE	Applicant has not been advised to have any surgery, procedure/tests or hospitalizations for this condition in the last 5 years. Applicant hasn't taken more than 2 blood pressure medications (<i>1 combination medication equals 2 medications</i>) or had any increase in dosage or frequency of medication(s) for this condition in the last 2 years and if on a blood thinner, RX history shows compliance and concurrent fills for 2+ years and shows no changes in dosage/frequency. Active lifestyle with no limitations.
TRANSIENT ISCHEMIC ATTACK (TIA)	Applicant has not been advised to have any surgery, procedure/tests or hospitalizations for this condition in the last 5 years. Applicant hasn't taken more than 2 blood pressure medications (<i>1 combination medication equals 2 medications</i>) or had any increase in dosage or frequency of medication(s) for this condition in the last 2 years and if on a blood thinner, RX history shows compliance and concurrent fills for 2+ years and shows no changes in dosage/frequency. Active lifestyle with no limitations.

Height and Weight Chart

If height/weight is outside the acceptable limits, the applicant is not eligible for coverage. Do not submit application.

*Selected conditions include tobacco use, diabetes or maintenance medications for heart and vascular conditions.

Applicants with one or more of the selected conditions whose weight is greater than the maximum weight in the "Maximum weight with selected conditions" column will not be eligible for coverage. Do not submit application.

All States except Montana

FEMALE				MALE		
Minimum Weight	*Maximum weight with selected conditions	Maximum Weight	Height	Minimum Weight	*Maximum weight with selected conditions	Maximum Weight
74	141	153	4'5"	82	144	160
77	145	158	4'6"	85	149	166
80	150	163	4'7"	88	155	172
83	155	169	4'8"	91	160	178
86	161	176	4'9"	95	166	185
89	166	181	4'10"	98	172	191
92	172	188	4'11"	101	178	198
95	179	195	5'0"	105	184	205
98	185	201	5'1"	108	191	212
101	191	208	5'2"	111	197	219
104	197	215	5'3"	114	203	226
108	203	221	5'4"	119	209	233
111	209	228	5'5"	122	216	240
115	216	236	5'6"	127	223	248
118	222	242	5'7"	130	229	255
122	229	250	5'8"	134	236	263
125	236	257	5'9"	138	244	271
129	243	265	5'10"	142	251	279
133	250	273	5'11"	146	258	287
136	257	280	6'0"	150	265	295
140	264	288	6'1"	154	272	303
144	272	296	6'2"	158	280	312
148	279	304	6'3"	163	288	320
152	287	313	6'4"	167	296	329
156	294	320	6'5"	172	303	337
160	301	329	6'6"	176	311	346
164	309	337	6'7"	180	319	355
168	317	346	6'8"	185	327	364
173	325	354	6'9"	190	335	373
177	334	364	6'10"	195	344	383
181	341	372	6'11"	199	352	392

Montana (MT) – Unisex Height and Weight Chart

If height/weight is outside the acceptable limits, the applicant is not eligible for coverage. Do not submit application.

Height	Decline Weight	Standard Weight	Decline Weight
4' 4"	< 58	58 – 157	158 +
4' 5"	< 60	60 – 163	164 +
4' 6"	< 63	63 – 170	171 +
4' 7"	< 65	65 – 176	177 +
4' 8"	< 67	67 – 182	183 +
4' 9"	< 70	70 – 189	190 +
4' 10"	< 72	72 – 196	197 +
4' 11"	< 75	75 – 202	203 +
5' 0"	< 77	77 – 209	210 +
5' 1"	< 80	80 – 216	217 +
5' 2"	< 83	83 – 224	225 +
5' 3"	< 85	85 – 231	232 +
5' 4"	< 88	88 – 238	239 +
5' 5"	< 91	91 – 246	247 +
5' 6"	< 93	93 – 254	255 +
5' 7"	< 96	96 – 261	262 +

Height	Decline Weight	Standard Weight	Decline Weight
5' 8"	< 99	99 – 269	270 +
5' 9"	< 102	102 – 277	278 +
5' 10"	< 105	105 – 285	286 +
5' 11"	< 108	108 – 293	294 +
6' 0"	< 111	111 – 302	303 +
6' 1"	< 114	114 – 310	311 +
6' 2"	< 117	117 – 319	320 +
6' 3"	< 121	121 – 328	329 +
6' 4"	< 124	124 – 336	337 +
6' 5"	< 127	127 – 345	346 +
6' 6"	< 130	130 – 354	355 +
6' 7"	< 134	134 – 363	364 +
6' 8"	< 137	137 – 373	374 +
6' 9"	< 140	140 – 382	383 +
6' 10"	< 144	144 – 392	393 +
6' 11"	< 147	147 – 401	402 +

New Business Processing

Policy Delivery Receipts

Policy Delivery receipts, in states where required & for policies that are hand-delivered by the agent to the customer:

- ✓ The agent should explain all the provisions and benefits to the customer, and once completed, the delivery receipt should be signed and dated by the customer and the agent.
- ✓ Return to the administrative office only if required by your state. The agent should keep a copy for his or her records.
- ✓ The agent should deliver policies within seven days of receipt. Failure to submit the delivery receipt back to the administrative office will not result in the cancellation of the policy. In some states, this receipt is intended to protect the agent with proof of delivery. In other states, the receipt is required.

Declined Applications

If a customer's circumstances fall outside of our limits of insurability, he or she will be notified of the decline in the form of a letter. This letter will be mailed to the applicant and the agent.

Appealing a Declination

We will require a signed and dated letter from the treating physician for any appeal, based upon a declinable medication, declinable condition or in-house claims history. The agent should contact the underwriter to determine what will be required with all other declines.

Appeals should be faxed to 1-855-227-6266, Attn: Underwriting. Please include the assigned application number on the fax cover page. The underwriter will make the final determination in all cases.

Required Forms

Please Note: Medicare Supplement regulations are subject to frequent modifications. It is the agent's responsibility to stay current with the changes that occur. Please use our agent website to download the most recent materials: <https://service.iasadmin.com/prosperity>.

Application

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

*The agent is responsible for submitting completed applications to the administrative office.

Producer Certification

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

Conditional Receipt

Receipt must be provided to applicant as receipt if premium is collected at point of sale.

Notice of Information Practices

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.

State Specific Required Forms and Notices

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

Arkansas

Documentation of Solicitation of Medicare Related Products Form – Form must be completed and retained in agent's file for the applicant.

Colorado

Commission Disclosure Form – 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.

Illinois

Medicare Supplement Checklist – The Checklist must be completed and submitted with the application and a copy left with the applicant. Agent is required to give a valid benefit comparison.

Iowa

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

Louisiana

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

Kentucky

Medicare Supplement Comparison Statement – This form should be completed with a valid benefit comparison when replacing a Medicare Supplement or Medicare Advantage Plan and submitted with the application.

Maryland

Eligible Persons for Guaranteed Issue and Open Enrollment – To be left with the applicant.

Minnesota

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

Montana

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

Nebraska

Senior Health Counseling Notice – This notice is to be left with the applicant.

New Mexico

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

Ohio

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

Pennsylvania

Guaranteed Issue and Open Enrollment Notice – This notice is to be left with the applicant.

South Carolina

Duplication of Insurance – This form should be completed and submitted with the application when duplicating Medicare Supplement insurance with other health insurance.

Texas

Definition of Eligible Person for Guaranteed Issue Notice – This notice is provided as the last page of the application.