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*Connecting faith & finances for good.<sup>®</sup>*

# **Medicare Supplement Underwriting Guidelines**

October 15, 2017

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# Table of Contents

<b>CONTACTS.....</b>	<b>6</b>
▪ ADDRESSES FOR MAILING NEW BUSINESS AND DELIVERY RECEIPTS .....	6
<b>INTRODUCTION .....</b>	<b>6</b>
▪ UNDERWRITING AND ITS IMPORTANCE .....	6
▪ KEYS TO GETTING POLICIES ISSUED .....	7
▪ WHAT AN AGENT SHOULD ALWAYS ASK .....	7
▪ TIPS FOR COMPLETING THE APPLICATION .....	8
<b>APPLYING FOR MEMBERSHIP.....</b>	<b>8</b>
<b>CONTRACT ISSUE GUIDELINES .....</b>	<b>9</b>
▪ OPEN ENROLLMENT (O/E).....	9
▪ GENERAL UNDERWRITING INFORMATION .....	10
▪ APPLICATION DATES .....	10
▪ COVERAGE EFFECTIVE DATES .....	10
▪ REPLACEMENTS .....	10
▪ REINSTATEMENTS.....	11
▪ TELEPHONE INTERVIEWS .....	11
▪ PHARMACEUTICAL INFORMATION .....	11
▪ CONTRACT DELIVERY RECEIPT .....	11
▪ GUARANTEED ISSUE RIGHTS.....	11
▪ LOSS OF MEDICAID QUALIFICATION RIGHTS .....	12
▪ GROUP HEALTH PLAN PROOF OF TERMINATION .....	13
▪ GUARANTEED ISSUE RIGHTS FOR VOLUNTARY TERMINATION OF GROUP HEALTH PLAN .....	13
<b>MEDICARE ADVANTAGE (“MA”).....</b>	<b>14</b>
▪ MEDICARE ADVANTAGE (“MA”) ANNUAL MEDICARE PART C ELECTION PERIOD.....	14
▪ MEDICARE ADVANTAGE PROOF OF DISENROLLMENT .....	14
▪ GUARANTEED ISSUE RIGHTS.....	15
<b>PREMIUM.....</b>	<b>16</b>
▪ CALCULATING PREMIUM.....	16
▪ TYPES OF MEDICARE CONTRACT RATINGS .....	16
▪ RATE TYPE AVAILABLE BY STATE .....	16
▪ HOUSEHOLD DISCOUNT (NOT APPLICABLE IN ALL STATES).....	17
▪ APPLICATION FEE .....	17
▪ COMPLETING THE PREMIUM ON THE APPLICATION .....	18
▪ COLLECTION OF PREMIUM .....	18
▪ INITIAL PREMIUM RECEIPT .....	18

▪ BUSINESS CHECKS .....	18
▪ SHORTAGES.....	18
▪ REFUNDS .....	18
▪ OUR GENERAL ADMINISTRATIVE RULE – 12 MONTH RATE .....	18
<b>APPLICATION.....</b>	<b>19</b>
▪ APPLICATION SECTIONS.....	19
▪ SECTION 1 – PLAN & PREMIUM PAYMENT INFORMATION SECTION.....	19
▪ SECTION 2 – APPLICANT INFORMATION .....	19
▪ SECTION 3 – INSURANCE POLICIES .....	19
▪ SECTION 4 – HEALTH QUESTIONS.....	20
▪ SECTION 5 – MEDICATION INFORMATION .....	20
▪ SECTION 6 – METHOD OF PAYMENT .....	20
▪ SECTION 7 – AUTHORIZATION AND ACKNOWLEDGEMENT .....	20
▪ COMPLETED BY PRODUCER .....	21
<b>UNDERWRITING &amp; HEALTH QUESTIONS .....</b>	<b>22</b>
▪ HEIGHT AND WEIGHT CHART ELIGIBILITY .....	22
▪ HEIGHT AND WEIGHT CHART .....	23
▪ STABILITY PERIOD AND CHANGE IN MEDICATION .....	24
▪ CANCER QUESTIONS .....	24
▪ DIABETES QUESTIONS .....	24
▪ MEDICATIONS.....	24
▪ PARTIAL LIST OF UNINSURABLE MEDICATIONS.....	25
▪ UNINSURABLE HEALTH CONDITIONS .....	30
<b>REQUIRED FORMS.....</b>	<b>31</b>
▪ APPLICATION .....	31
▪ AGENT CERTIFICATION .....	31
▪ INITIAL PREMIUM RECEIPT .....	31
▪ MEDICAL RELEASE .....	31
▪ METHOD OF PAYMENT FORM.....	31
▪ REPLACEMENT FORM(S).....	31
▪ CREDITABLE COVERAGE LETTER.....	31
▪ DISENROLLMENT LETTER.....	31
▪ MEMBERSHIP FORM.....	31
<b>STATE SPECIFIC REQUIREMENTS &amp; FORMS .....</b>	<b>32</b>
▪ ALABAMA.....	32
▪ ILLINOIS.....	32
▪ INDIANA.....	32

- KANSAS..... 32
- KENTUCKY ..... 32
- LOUISIANA ..... 33
- MARYLAND ..... 33
- MISSISSIPPI ..... 33
- NORTH CAROLINA ..... 33
- OKLAHOMA..... 33
- PENNSYLVANIA..... 33
- SOUTH CAROLINA ..... 34
- TENNESSEE ..... 34
- VIRGINIA ..... 34
- WEST VIRGINIA ..... 34

***Please Note: any changes from the previous version are highlighted in pale orange.  
Specific State language is subject to change.  
Current State Availability can be found on the agent portal.***

# CONTACTS

## ADDRESSES FOR MAILING NEW BUSINESS AND DELIVERY RECEIPTS

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

### Administrative Office Mailing Information

<u>Mailing Address</u>	<u>Mailing Address</u>	<u>Overnight/Express Address</u>
New Business	Claims	
Thrivent Financial P.O. Box 14008 Clearwater, FL 33766-4008	Thrivent Financial P.O. Box 14057 Clearwater, FL 33766-4057	Thrivent Financial 2650 McCormick Drive, Suite T Clearwater, FL 33759

**FAX Number for New Business – ACH Applications:** 1-855-400-9598

**Administrative Office – Questions:** 1-844-221-7813

## INTRODUCTION

This guide provides information about the evaluation process used in the underwriting and issuing of Medicare Supplement insurance policies. This manual provides the agent with information needed to identify...with a high degree of accuracy...those risks that are acceptable and those that are not. When used correctly, the underwriting guidelines can have a dramatic effect on your issue rate and quality rating. Our goal is to process each application as quickly and efficiently as possible while assuring proper evaluation of each risk. To ensure we accomplish this goal, the producer or applicant will be contacted directly by underwriting if there are any issues with an application.

## UNDERWRITING AND ITS IMPORTANCE

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

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

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

## **KEYS TO GETTING POLICIES ISSUED**

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

If an applicant has not seen a doctor in the last 5 years please indicate this in the section under the medical questions.

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

Make sure you include all required State specific forms.

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

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

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

## **WHAT AN AGENT SHOULD ALWAYS ASK**

The agent is the first contact with the applicant and becomes the “eyes and ears” of underwriting. In order to understand the health conditions of the applicant and to accurately communicate the conditions to the underwriter, the agent should always inquire and add to the application any notes concerning:

- If any medical conditions are disclosed on the application:
  - What is the current status?
  - Are there any current symptoms? Explain.
  - What is the current treatment?
  - Are there any complications?
  - Is the condition under evaluation or has surgery been recommended?
  - Does the applicant take all medication as prescribed by his/her physician?
  - Is the applicant compliant with all other methods of treatment (i.e. lifestyle changes, therapeutic regimens) as recommended by his/her physician?
- Is he/she scheduled to see his/her physician in the next 6 months? Explain.
- Does he/she have regular checkups? If so, when was the last check-up and what were the results?
- Has he/she had any surgeries in the last 24 months, or has surgery been recommended? Explain.
- Has he/she undergone any diagnostic testing in the last 12 months or been recommended by a physician to do so? Explain.
- Is he/she receiving disability benefits in the past 12 months or has he/she applied for disability benefits? Explain.
- Is he/she on Medicaid?

## TIPS FOR COMPLETING THE APPLICATION

### ALWAYS

- Ask each question exactly as written (do not paraphrase).
- Record each answer exactly as given.
- Complete the application legibly and in black ink.
- Draw a line through any errors and have the applicant initial and date corrections.

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

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

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

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

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

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

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

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

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

We do not accept stamped or electronic signatures from either agents or applicants.

### NEVER

- Use "white out" or similar substances for corrections or mistakes.
- Tell or suggest to the applicant how he or she should answer a question.
- Ask a general question (e.g. "Are you in good health?"), then mark all of the medical questions on the application as "No".
- Allow someone other than the applicant to answer the application questions.

## APPLYING FOR MEMBERSHIP

### Prospective Members

Eligible individuals apply for membership by completing a Membership Application. Each individual applying for membership must agree to support and further the Thrivent Way and meet one of the following three membership criteria:

- A Christian, seeking to live out my faith; or
- The spouse of a Christian who seeks to live out his or her faith; or
- Applicants for membership select the applicable membership eligibility criterion that is true for them. Each applicant self-determines whether he or she is "seeking to live out my faith" based on what this means to each individual applicant.

## **CONTRACT ISSUE GUIDELINES**

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

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

To be eligible for open enrollment, an applicant must be turning 65 years of age (in most states) and be within six months of his/her enrollment in Medicare Part B.

Applicants covered under Medicare Part B prior to age 65 are eligible for a six-month open enrollment period upon reaching age 65. Applications may be submitted up to 60 days prior to the requested effective date.

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

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

<b>States with Under Age 65 Requirements—All plans may not be available in all state</b>		
<b>The following states require that Thrivent Financial offer coverage to applicants under age 65; in ALL other states, applicants under age 65 are NOT eligible for coverage</b>		
<b>State</b>	<b>Under Age 65 Accepted</b>	<b>Plans Available</b>
Illinois, Louisiana, Tennessee	Yes, O/E if applied for within six months of Part B enrollment. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the "Federal Open Enrollment Period" when the applicant turns age 65.	All plans sold are available – (A, F, G, N)
Kansas	Yes, O/E if applied for within six months of Part B enrollment. If applying outside this Open Enrollment period, the application is subject to underwriting & must qualify medically.	All plans sold are available – (A, F, G, N)
Kentucky	No Open Enrollment. All applications are underwritten.	All plans sold are available – (A, F, G, N)
Maryland	Yes, O/E if applied for within six months of Part B enrollment. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the "Federal Open Enrollment Period" when the applicant turns age 65.	Plan A is available
Mississippi	Yes, O/E if applied for within six months of Part B enrollment. If applying outside this Open Enrollment period, the application is subject to underwriting & must qualify medically.	All plans sold are available – (A, F, G, N)
North Carolina	Yes, O/E if applied for within six months of Part B enrollment. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the "Federal Open Enrollment Period" when the applicant turns age 65.	Plans A and F are available
Oklahoma	Yes, O/E if applied for within six months of Part B enrollment. If applying outside this O/E period, the application is subject to underwriting & must qualify medically.	Plan A is available

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

The following states require that Thrivent Financial offer coverage to applicants under age 65; in ALL other states, applicants under age 65 are NOT eligible for coverage

State	Under Age 65 Accepted	Plans Available
Pennsylvania	Yes, O/E if applied for within six months of Part B enrollment. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the “Federal Open Enrollment Period” when the applicant turns age 65.”	All Plans sold are available – (A, B, F, G and N)

### GENERAL UNDERWRITING INFORMATION

Applicants over the age of 65, or under age 65 in the states listed and specified in the chart above, and at least six months beyond enrollment in Medicare Part B will be underwritten. All health questions must be answered. The answers to the health questions on the application will determine the eligibility for coverage. Applicants will be accepted or declined.

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

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

### APPLICATION DATES

- **Open Enrollment** – Up to six months prior to enrollment in Medicare Part B.
- **Underwritten Cases** – Up to 60 days prior to the requested coverage effective date.
- **Individuals** – Individuals whose employer group health plan coverage is ending can apply up to 3 months prior to the requested effective date of coverage.
- **West Virginia** – applications may be taken up to 90 days prior to the effective date of the applicant’s Medicare eligibility due to age.

### COVERAGE EFFECTIVE DATES

Coverage will be made effective as indicated below:

- 1) Between age 64½ and 65 – The first of the month the individual turns age 65.
- 2) All Others – Application date or date of termination of other coverage, whichever is later.
- 3) Effective date cannot be the 29th, 30th, or 31st of the month.

### REPLACEMENTS

A “replacement” takes place when an applicant wishes to exchange an existing Medicare Supplement/Select or Medicare Advantage contract and replace it with a new Medicare Supplement contract. Thrivent Financial requires a fully completed application when applying for a replacement contract (both internal and external replacements). Application fee should be included with all new applications.

A contract owner wanting to apply for a non-tobacco Plan must complete a new application and qualify for coverage.

If an applicant has an existing Medicare Supplement, Medicare Select or Medicare Advantage contract, any new application will be considered to be a replacement application. All replacement applications will be underwritten.

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

## **REINSTATEMENTS**

When a Medicare Supplement contract has lapsed and it is within 90 days of the last paid to date, coverage may be reinstated, based upon meeting the underwriting requirements. The agent's commission rates will continue based on the contract's duration. When a Medicare Supplement contract 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 contract can be issued.

## **TELEPHONE INTERVIEWS**

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

## **PHARMACEUTICAL INFORMATION**

Thrivent Financial has implemented a process to support the collection of pharmaceutical information for underwritten Medicare Supplement applications. In order to obtain the pharmaceutical information as requested, please be sure to include a completed "Authorization to Release Confidential Medical Information (HIPAA)" form with all underwritten applications. This form can be found in the Application Packet. Prescription information noted on the application will be compared to the additional pharmaceutical information received. This additional information will not be solely used to decline coverage.

## **CONTRACT DELIVERY RECEIPT**

Based on state specific requirements, a contract delivery receipt may be required. If a contract delivery receipt is required, it will be included in the contract package and a copy must be returned to our New Business office.

## **GUARANTEED ISSUE RIGHTS**

If the applicant(s) falls under one of the Guaranteed Issue situations outlined below, proof of eligibility must be submitted with the application. Proper proof of GI Rights include:

- a letter of creditable coverage from the previous carrier, or
- a letter from the applicant's employer.

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

Guaranteed issue situation	Client has the right to buy
<p>Client is in the original Medicare Plan and has an employer group health Plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays. That coverage is ending.</p> <p><i>Note: In this situation, state laws may vary.</i></p>	<p>Medigap Plan A, B, C, F, K or L that is sold in client's state by any insurance company.</p> <p>If client has COBRA coverage, client can either buy a Medigap contract/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 contract/certificate. Client moves out of the Medicare SELECT Plan's service area.</p> <p>Client can keep the Medigap contract/certificate or he/she may want to switch to another Medigap contract/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.</p>	
<p>Client's Medigap insurance company goes bankrupt and the client loses coverage, or client's Medigap contract/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>	

## LOSS OF MEDICAID QUALIFICATION RIGHTS

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

## GROUP HEALTH PLAN PROOF OF TERMINATION

**Proof of Involuntary Termination:** If applying for Medicare Supplement, Underwriting cannot issue coverage as Guaranteed Issue without proof that an individual's employer coverage is no longer offered. The following is required: Complete the Other Health Insurance section on the Medicare Supplement application; and provide a copy of the termination letter; showing date of and reason for termination, from the employer or group carrier.

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

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

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

State	Qualifies for Guaranteed Issue...
AL, IL, IN, PA	If the employer sponsored plan is primary to Medicare.
OK, VA, WV	If the employer sponsored plan's benefits are reduced substantially.
KS, LA	No conditions – Always qualifies

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

# **MEDICARE ADVANTAGE (“MA”)**

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

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

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

## **MEDICARE ADVANTAGE PROOF OF DISENROLLMENT**

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

### **Voluntarily disenrolling during AEP or MADP and not eligible for Guaranteed Issue**

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

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

If the applicant is applying during the Medicare Advantage Annual Enrollment Period (AEP), and all of the above information is provided, we will **NOT** require proof of termination from the Medicare Advantage provider. ***It is the applicant’s responsibility to disenroll from the Medicare Advantage coverage during either the AEP or MADP.*** Please note that the CMS guidelines Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare advises that if the client joins a Medicare Advantage Plan, he/she cannot be sold a

Medigap policy unless the coverage under the Medicare Advantage Plan will end before the effective date of the Medigap policy.

**If an individual is requesting Guaranteed Issue or disenrolling outside AEP/MADP**

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

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

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

**GUARANTEED ISSUE RIGHTS**

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

Guaranteed issue situation	Client has the right to
Client’s MA Plan is leaving the Medicare program, stops giving care in his/her area, or client moves out of the Plan’s service area	Buy a Medigap Plan A, B, C, F, K or L that is sold in the client’s state by any insurance company. Client must switch to original Medicare Plan.
Required supporting documentation could be a dated letter from the MA carrier including the Client’s name, coverage-effective date, coverage-end date, and termination reason.	
Client joined a MA Plan when first eligible for Medicare Part A at age 65 and within the first year of joining, decided to switch back to original Medicare	Buy any Medigap Plan that is sold in his/her state by any insurance company.
Required supporting documentation could be a dated letter from the MA carrier including the Client’s name, coverage-effective date, coverage-end date, and termination reason.	
Client dropped his/her Medigap contract/certificate to join an MA Plan for the first time, has been in the Plan less than 1 year and wants to switch back	Obtain client’s Medigap contract/certificate back if that carrier still sells it. If his/her former Medigap contract/certificate is not available, the client can buy a Medigap Plan A, B, C, F, K or L that is sold in his/her state by any insurance company.
Required supporting documentation could be a dated letter from the previous Medicare Supplement carrier including the Client’s name, plan, and coverage-end date, along with a statement that this plan is no longer available. A dated letter from the MA carrier including the Client’s name, coverage-effective date and coverage-end date may also be required.	
Client leaves an MA Plan because the company has not followed the rules or has misled the client	Buy Medigap Plan A, B, C, F, K or L that is sold in the client’s state by any insurance company.
Required supporting documentation is a dated letter from CMS confirming that the client was misled and the effective date that the MA Plan has been terminated.	

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

# PREMIUM

## CALCULATING PREMIUM

### Utilize Outline of Coverage

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

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

## TYPES OF MEDICARE CONTRACT RATINGS

- **Community rated** – The same monthly premium is charged to everyone who has the Medicare contract, regardless of age. Premiums are the same no matter how old the applicant is. Premiums may go up because of inflation and other factors, but not based on age.
- **Issue-age rated** – The premium is based on the age the applicant is when the Medicare contract is bought. Premiums are lower for applicants who buy at a younger age, and won't change as they get older. Premiums may go up because of inflation and other factors, but not because of applicant's age.
- **Attained-age rated** – The premium is based on the applicant's current age so the premium goes up as the applicant gets older. Premiums are low for younger buyers, but go up as they get older. In addition to change in age, premiums may also go up because of inflation and other factors.

## RATE TYPE AVAILABLE BY STATE

State	Tobacco / non-tobacco rates	Gender rates	Attained, issue or community rated	Tobacco rates during open enrollment / guaranteed issue	Enrollment / contract fee
AL	Y	Y	A	Y	Y
IL	Y	Y	A	N	Y
IN	Y	Y	A	Y	Y
KS	Y	Y	A	N	Y
KY	Y	Y	A	N	Y
LA	Y	Y	A	N	Y
MD	Y	Y	A	N	Y
MS	Y	Y	A	Y	Y
NC	Y	Y	A	N	Y
OK	Y	Y	A	Y	Y
PA	Y	Y	A	N	Y
SC	Y	Y	A	N	Y
TN	Y	Y	A	N	Y
UT	Y	Y	A	N	Y
VA	Y	Y	A	N	Y
WV	Y	Y	A	Y	N

As of October 15, 2017

## HOUSEHOLD DISCOUNT (NOT APPLICABLE IN ALL STATES)

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

The household discount is available to:	State
<b>HHD Rule 1:</b> <ul style="list-style-type: none"> <li>Individuals who, for the past year, have resided with at least one, but no more than three, other adults who are age 50 or older; or</li> <li>Individuals who live with another adult who is the legal spouse, including validly recognized civil union and domestic partners.</li> </ul>	AL, KS, LA, MS, NC, SC, TN, <b>UT</b> , WV
<b>HHD Rule 2:</b> <ul style="list-style-type: none"> <li>Individuals who, for the past year, have resided with another adult, with whom they are in a legal relationship.</li> </ul>	PA
<b>HHD Rule 3:</b> <ul style="list-style-type: none"> <li>Individuals who, for the past year, have resided with at least one, but no more than three, other Medicare eligible adults who also own or are applying for a Medicare Supplement Contract underwritten by Thrivent Financial.</li> </ul>	IL, OK
<b>HHD Rule 4:</b> <ul style="list-style-type: none"> <li>Individuals who, for the past year, have resided with at least one, but no more than three, other adults; or</li> <li>Individuals who live with another adult who is the legal spouse, including validly recognized civil union and domestic partners.</li> </ul>	KY
<b>HHD Rule 5:</b> <ul style="list-style-type: none"> <li>Individuals who, for the past year, have resided with at least one, but no more than three, other adults who are age 50 or older; or</li> <li>Individuals who live with another adult who is the legal spouse, including validly recognized domestic partners.</li> </ul>	VA
Household Discount is not available in the following states:	IN, MD

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

## APPLICATION FEE

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

## COMPLETING THE PREMIUM ON THE APPLICATION

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

### Initial and Renewal Premium (includes HHD, if applicable, and a one-time application fee)

- Determine how the client wants to be billed going forward (renewal) and
- Select the appropriate mode in the Premium Payment Option section on the application.
- Please calculate the premium based on the premium mode selected – e. g., if Quarterly mode is selected, please calculate the premium accordingly.
- Complete the calculation: Initial Premium = Premium – HHD (if applicable) + App Fee = Total.
- PLEASE NOTE: *Monthly direct billing is not allowed.*

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

## COLLECTION OF PREMIUM

If not utilizing EFT as a method of payment, at least one month's premium must be submitted with the application. If a mode other than monthly is selected, then the full modal premium must be submitted with the application. If monthly mode is selected, **the initial premium will draft upon contract issuance.**

- Credit cards and money orders are not accepted.

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

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

## INITIAL PREMIUM RECEIPT

If premium is collected, complete this page as requested. Leave this page with the applicant.

## BUSINESS CHECKS

If premium is paid by a business account, please note this on either the Method of Payment Form or the Additional Comments Section. Please Note that Business Checks are **only** acceptable if they are submitted for the business owner, or the owner's spouse.

## SHORTAGES

Thrivent Financial will communicate with the producer by telephone, e-mail or FAX in the event of a premium shortage in excess of \$5.00 per modal premium. The application will be held in a pending status until the balance of premium is received. Producers may communicate with us by calling 1-844-221-7813 or by FAX at 1-855-400-9598.

## REFUNDS

Thrivent Financial will make all refunds to the applicant in the event of rejection, incomplete submission, overpayment, cancellations, etc.

## OUR GENERAL ADMINISTRATIVE RULE – 12 MONTH RATE

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

# **APPLICATION**

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

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

## **APPLICATION SECTIONS**

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

### **SECTION 1 – PLAN & PREMIUM PAYMENT INFORMATION SECTION**

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

*Note: The effective date cannot be on the 29<sup>th</sup>, 30<sup>th</sup>, or 31<sup>st</sup> of the month.*

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

- Please complete the client's physical (residential) address in full. If any correspondence such as premium notices are to be mailed to an address other than the applicant's physical (residential) address, please complete the Mailing Address (if different from physical address) section in full.
- Make sure the Home Phone No. and Best Time to Contact sections are completed.
- Please complete the applicant's name as listed on the Medicare Card or application for Medicare.
- Current Age is the exact age as of the application date; however, premium is calculated as of the effective date.
- Male/Female, State of Birth, and the Social Security Card number sections are completed.
- Medicare Card number, also referred to as the Health Insurance Claim ("HIC") number, is required for electronic claims payment.
- Please provide the applicant's e-mail address, if available.
- Verify the applicant answered "Yes" to receiving the Guide to Health Insurance and Outline of Coverage and the Notice of Information Practices. It is required to leave these two documents with the client at the time the application is completed.

### **SECTION 3 – INSURANCE POLICIES**

- If the applicant is applying during a guaranteed issue period, be sure to include proof of eligibility.
- Complete the appropriate question(s) in this section:
  - If the applicant is replacing another Medicare Supplement contract/certificate, complete information and include the replacement notice.
  - If the applicant is leaving a Medicare Advantage Plan, complete all information and note the applicant's intent to disenroll; the reason and the date of disenrollment and include the replacement notice.
  - If the applicant is leaving the Medicare Advantage Plan and has a Guaranteed Issue right, include the letter from the MA carrier explaining this.
  - If the applicant has had any other health insurance coverage in the past 63 days, including coverage through a union, employer plan, or other non-Medicare Supplement coverage,

complete the appropriate information.

- Verify if the applicant is covered through his/her state Medicaid program. If Medicaid is paying for benefits beyond the applicant's Part B premium or the Medicare Supplement premium for this contract, then the applicant is not eligible for coverage.
- List any additional health insurance policies/certificates you have sold to the applicant.

## **SECTION 4 – HEALTH QUESTIONS**

- If the applicant is applying during an open enrollment or a guaranteed issue period, do not answer the health questions.
- If applicant is not considered to be in open enrollment or a guaranteed issue situation, or plan selected is not available for GI, all health questions must be answered.
- Height/Weight – This is required on underwritten cases.
- Answer the tobacco question – (Note that tobacco rates may not apply during open enrollment or guaranteed issue situations. See the Rate Type Available by State chart on page 16 for specific information.)
- Ensure the question regarding End Stage Renal Disease or Kidney Disease requiring dialysis is answered.

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

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

### **Medical Condition Information**

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

## **SECTION 5 – MEDICATION INFORMATION**

- If the applicant is applying during an open enrollment or a guaranteed issue period, do not answer the medication information section.
- If applicant is not considered to be in open enrollment or a guaranteed issue situation, or plan selected is not available for GI, all medication information must be listed as indicated.

## **SECTION 6 – METHOD OF PAYMENT**

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

## **SECTION 7 – AUTHORIZATION AND ACKNOWLEDGEMENT**

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

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

- If someone other than the applicant is signing the application (i.e., Power of Attorney), please include copies of the papers appointing that person as the legal representative. The legal representative should sign their own name as themselves, not as the applicant.

## COMPLETED BY PRODUCER

The producer(s) must certify that they have:

- Provided the applicant with a copy of the replacement notice, if applicable; and
- Interviewed and accurately recorded in the application the information supplied by the applicant.

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

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

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

## **UNDERWRITING & HEALTH QUESTIONS**

Unless an application is completed during open enrollment or a guaranteed issue period, all health questions, including the question regarding prescription medications, must be answered. This is also true if the applicant is applying during a guaranteed issue period but the plan selected is not available for GI.

Our general underwriting philosophy is to deny Medicare Supplement coverage if any of the health questions are answered "Yes." For a list of uninsurable conditions and the related medications associated with these conditions, please refer to the next sections in this guide.

### **HEIGHT AND WEIGHT CHART ELIGIBILITY**

The first underwriting question that needs to be determined is whether the applicant is eligible for coverage based on the applicant's build. To determine this, locate the applicant's height, then weight in the chart on the following page. If the weight is in the Decline column, the applicant is not eligible for coverage at this time.

## HEIGHT AND WEIGHT CHART

Height	Decline Weight	Standard Weight	Decline Weight
4' 2"	< 54	54 – 145	146 +
4' 3"	< 56	56 – 151	152 +
4' 4"	< 58	58 – 157	158 +
4' 5"	< 60	60 – 163	164 +
4' 6"	< 63	63 – 170	171 +
4' 7"	< 65	65 – 176	177 +
4' 8"	< 67	67 – 182	183 +
4' 9"	< 70	70 – 189	190 +
4' 10"	< 72	72 – 196	197 +
4' 11"	< 75	75 – 202	203 +
5' 0"	< 77	77 – 209	210 +
5' 1"	< 80	80 – 216	217 +
5' 2"	< 83	83 – 224	225 +
5' 3"	< 85	85 – 231	232 +
5' 4"	< 88	88 – 238	239 +
5' 5"	< 91	91 – 246	247 +
5' 6"	< 93	93 – 254	255 +
5' 7"	< 96	96 – 261	262 +
5' 8"	< 99	99 – 269	270 +
5' 9"	< 102	102 – 277	278 +
5' 10"	< 105	105 – 285	286 +
5' 11"	< 108	108 – 293	294 +
6' 0"	< 111	111 – 302	303 +
6' 1"	< 114	114 – 310	311 +
6' 2"	< 117	117 – 319	320 +
6' 3"	< 121	121 – 328	329 +
6' 4"	< 124	124 – 336	337 +
6' 5"	< 127	127 – 345	346 +
6' 6"	< 130	130 – 354	355 +
6' 7"	< 134	134 – 363	364 +
6' 8"	< 137	137 – 373	374 +
6' 9"	< 140	140 – 382	383 +
6' 10"	< 144	144 – 392	393 +
6' 11"	< 147	147 – 401	402 +
7' 0"	< 151	151 – 411	412 +
7' 1"	< 155	155 – 421	422 +
7' 2"	< 158	158 – 431	432 +
7' 3"	< 162	162 – 441	442 +
7' 4"	< 166	166 – 451	452 +

## **STABILITY PERIOD AND CHANGE IN MEDICATION**

There may be situations where an applicant has been receiving medical treatment or taking prescription medication for a long-standing and controlled health condition.

A condition is considered to be controlled if there have been no changes in treatment or medications for at least two years. If this situation exists and you would like consideration to be given to the application, answer the appropriate question "Yes," and attach an explanation stating how long the condition has existed and how it is being controlled. Be sure to include the names and dosages of all prescription medications.

## **CANCER QUESTIONS**

With respect to the question on the application concerning treatment for internal cancer, malignant melanoma is considered an internal cancer. Applicants with this type of cancer are not eligible for coverage. Other types of skin cancer, such as basal cell, are not considered internal.

## **DIABETES QUESTIONS**

There are 2 questions on the application that deal with Diabetes.

First, "Do you have diabetes that requires insulin?" People with diabetes mellitus that require insulin are not eligible for coverage.

The second question asks, "Do you have diabetes that is treated by medication or by diet?" If this question is answered "Yes," the applicant must complete questions A-F. If the answer to any of the questions A-F is "Yes," the applicant would not be eligible for coverage. Some additional questions to ask your client to determine if he/she does have a complication include:

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

Consideration for coverage may be given to those persons with controlled hypertension and diabetes. A case is considered to be well controlled if the person is not taking insulin or no more than two oral medications for diabetes and no more than two medications for hypertension. In general, to verify stability, there should be no changes in the dosages or medications for at least two years. Individual consideration will be given where deemed appropriate. We consider diabetes to be controlled if the most recent A1C reading is 7 or under and hypertension to be stable if recent average blood pressure readings are 150/85 or lower.

## **MEDICATIONS**

The Medications Guide beginning on the following page is a partial list of medications associated with Uninsurable Health Conditions. This list is not all-inclusive. An application should not be submitted if a client is taking any of the medications listed for a listed condition / impairment. Example: The applicant takes Aducil for Cancer. This is uninsurable; do not submit the application.

All information should be provided:

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

## PARTIAL LIST OF UNINSURABLE MEDICATIONS

MEDICATION	CONDITION / IMPAIRMENT	MEDICATION	CONDITION / IMPAIRMENT
Abacavir	HIV	Becaplermin	Diabetic Ulcers
Abarelix	Cancer	Benzotropine	Tremor, Parkinson's Disease
Abciximab	Antiplatelet	Bepidil	Angina, Chest Pain
Abilify	Schizophrenia	Betamethasone	Oral / Injectable Steroid
Acridine	Forgetfulness, Disorientation	Betapace	Arrhythmias
Activase	Heart Attack, Stroke, Pulmonary Embolism	Betaseron	Multiple Sclerosis
Adrucil	Cancer	Bevacizumab	Cancer
Aggrastat	Antiplatelet	Bicalutamide	Cancer
Aggrenox	Antiplatelet	Bretylum	Arrhythmia
Agrylin	Essential Thrombocythemia	Bretylol	Arrhythmia
Akineton	Parkinson's Disease	Bromocriptine	Parkinson's Disease
Altretamine	Cancer	Bromocriptine Mesylate	Parkinson's Disease, Pituitary Tumor
Amantadine	Parkinson's Disease	Campral	Alcohol Abuse
Amplex	Alzheimer's Disease	Capecitabine	Cancer
Anagrelide	Abnormal Blood Platelet Count	Carbex	Parkinson's Disease
Anakinra	Rheumatoid Arthritis	Carbidopa	Parkinson's Disease
Ancrod	Anticoagulant Therapy basis	Cedalanid-D	Strengthen The Heart, Arrhythmia
Apokyn	Parkinson's Disease	Celestone	Oral / Injectable Steroid
Apomorphine	Parkinson's Disease	CellCept	Immunosuppressant, Anti-rejection due to organ transplant
Ardeparin	Deep Vein Thrombosis	Ceredase	Gaucher's Disease
Aricept	Chronic Organic Brain Disorders, Alzheimer's Disease	Cerezyme	Gaucher's Disease
Arimidex	Breast Cancer, Cancer	Chlorpromazine	Psychotic Disorders
Aripiprazole	Schizophrenia	Chlorprothixene	Psychosis
Arixtra	Deep Venous Thrombosis	Cilostazol	Antiplatelet
Aromasin	Cancer	Cinacalcet	Hyperparathyroidism
Artane	Parkinson's Disease	Cladribine	Cancer
Arvin	Anticoagulant Therapy	Clopidogrel	Antiplatelet
Asparaginase	Leukemia	Clozapine	Psychotic Disorders
Atamet	Parkinson's Disease	Clozaril	Psychotic Disorders
Atrovent	Emphysema, COPD	Cogentin	Psychotic Disorders
Auranofin	Rheumatoid Arthritis	Cognex	Chronic Organic Brain Disorders
Aurothioglucose	Rheumatoid Arthritis	Colchicine	Scleroderma
Aurothiomalate	Rheumatoid Arthritis	Collagen-Alginate Topical	Diabetic Ulcers
Avastin	Cancer	Combivir	HIV
Avonex	Multiple Sclerosis	Compazine	Psychosis
AZT	HIV	Comvax	Parkinson's Disease

MEDICATION	CONDITION / IMPAIRMENT	MEDICATION	CONDITION / IMPAIRMENT
Copaxone	Multiple Sclerosis	Emcyt	Prostate Cancer, Cancer
Cordarone	Arrhythmia	Enbrel	Rheumatoid Arthritis
Cortisone	Oral / Injectable Steroid	Enoxaparin	Prevention Of Deep Vein Thrombosis
Cortone Acetate	Oral / Injectable Steroid	Entacapone	Parkinson's Disease
Cotazym	Pancreatic Insufficiency	Epogen	Severe Anemia
Coumadin	Arrhythmia, Heart Valve Disease, Stroke, CAD, Embolism	Eptifibatide	Antiplatelet
Crystodigin	Arrhythmia, Strengthen The Heart, CHF	Ergoloid	Dementia, Confusion, Disorientation, Forgetfulness, Memory Loss
Cuprimine	Rheumatoid Arthritis, Wilson's Disease, Kidney Stones	Erythrityl	Angina, Chest Pain
Cyclandelate	TIA, Memory Loss, Dementia	Erythropoietin	Severe Anemia
Cyclophosphamide	Chronic Active Hepatitis, Regional Enteritis, Ulcerative Colitis, Cancer, Kidney Failure	Eskalith	Bipolar Disorder
Cyclosporine	Lupus, Scleroderma, Cancer, Organ Transplant	Etanercept	Rheumatoid Arthritis, Pain Reliever
Cytosan	Chronic Active Hepatitis, Regional Enteritis, Ulcerative Colitis, Cancer, Kidney Failure, Lupus, Scleroderma	Ethmozine	Arrhythmia
Dalalone	Injectable Steroid	Ethopropazine	Parkinson's Disease
Dalteparin	Anticoagulant Therapy	Exelon	Alzheimer's Disease
Danaparoid	Deep Venous Thrombosis	Fareston	Breast Cancer, Cancer
Decadron	Oral / Injectable Steroid	Faslodex	Cancer
Deferoxamine	Hemochromatosis	Femara	Breast Cancer, Cancer
Depen	Rheumatoid Arthritis, Kidney Stones, Wilson's Disease	Fibracol	Diabetic Ulcers
Depo-Medrol	Injectable Steroid	Flecainide	Arrhythmia
Deponit NTG	High Blood Pressure, Angina, Chest Pain	Florinef	Addison's Disease
Deprynel	Parkinson's Disease	Flosequinan	Congestive Heart Failure
Desferal	Hemochromatosis	Fludrocortisone	Addison's Disease, Complications of Diabetes
Destinex	Parkinson's Disease	Fluphenazine	Psychotic Disorders
Dexamethasone	Oral / Injectable Steroid	Folex (Methotrexate)	Immunosuppressant, Rheumatoid Arthritis, Psoriasis
Dexasone	Oral / Injectable Steroid	Fragmin	Anticoagulant Therapy
Digoxin	Arrhythmia, Congestive Heart Failure, or other Heart Condition	Frova	Migraine Headaches
Dipyridamole	Antiplatelet, Stroke	Furosemide (80mg or more/day)	All Conditions
Donepezil	Chronic Organic Brain Disorders	Glatiramer	Multiple Sclerosis
D-Penicillamine	Scleroderma, Lupus	Gold	Arthritis
Eldepryl	Psychotic Disorders	Gold Sodium Thiomalate	Rheumatoid Arthritis

MEDICATION	CONDITION / IMPAIRMENT	MEDICATION	CONDITION / IMPAIRMENT
Haldol	Psychotic Disorders	Lasix (80mg or more/day)	All Instances
Haloperidol	Psychotic Disorders	L-Dopa	Parkinson's Disease
Heparin	Blood Clotting Disorder	Lente Insulin	Insulin Dependent Diabetes Mellitus
Hexadrol	Oral / Injectable Steroid	Letrozole	Breast Cancer, Cancer
Humalog	Insulin Dependent Diabetes Mellitus	Leucovorin	Cancer
Humira	Rheumatoid Arthritis	Levodopa	Parkinson's Disease
Humulin	Insulin Dependent Diabetes Mellitus	Lioresal	Multiple Sclerosis
Hydeltra	Injectable Steroid	Liquid Pred	Oral Steroid
Hydeltrasol	Injectable Steroid	Lithane	Bipolar Disorder
Hydergine	Chronic Organic Brain Disorders	Lithium	Bipolar Disorder
Hydrea	Cancer, Sickle Cell Anemia	Lithium Carbonate	Bipolar Disorder
Hydrocortisone	Oral / Injectable Steroid	Lithobid	Bipolar Disorder
Hydrocortone	Injectable Steroid	Lithonate	Bipolar Disorder
Iletin II NPH Pork	Insulin Dependent Diabetes Mellitus	Lithotabs	Bipolar Disorder
Iletin II Regular Pork	Insulin Dependent Diabetes Mellitus	Lopurin	Immunosuppressant
Iletin Lente	Insulin Dependent Diabetes Mellitus	Loxapine	Psychotic Disorders
Iletin NPH	Insulin Dependent Diabetes Mellitus	Loxitane	Psychotic Disorders
Iletin Regular	Insulin Dependent Diabetes Mellitus	Lupron	Prostate Cancer, Cancer
Ilopan Choline	Insulin Dependent Diabetes Mellitus	Manoplax	Congestive Heart Failure
Imferon	Anemia	Mellaril	Psychotic Disorders
Imiglucerase Injection	Gaucher's Disease	Mesoridazine	Psychotic Disorders
Imuran	Chronic Active Hepatitis, Regional Enteritis, Ulcerative Colitis	Mestinon	Myasthenia Gravis
INH	Tuberculosis (TB)	Methotrexate (15mg or more/week)	All Conditions
Insulin	Insulin Dependent Diabetes Mellitus	Methylprednisolone	Oral / Injectable Steroid
Insulin Lispro	Insulin Dependent Diabetes Mellitus	Mirapex	Parkinson's Disease
Integrilin	Anti-platelet	Mithramycin	Paget's Disease
Interferon	Cancer, Hepatitis, AIDS	Moban	Psychotic Disorders
Isoniazid	TB (Tuberculosis)	Modafinil	Narcolepsy
Isordil	Angina, Chest Pain, CHF	Molindone	Psychotic Disorders
Isosorbide Dinitrate	Angina, Congestive Heart Failure	Myolin	Parkinson's Disease
Kemadrin	Parkinson's Disease	Myotrophin	ALS, Lou Gehrig's Disease
Kenalog	Injectable Steroid	Namenda	Alzheimer's Disease
Kineret	Rheumatoid Arthritis	Navane	Psychotic Disorders
Lanoxicaps	Strengthen The Heart, Arrhythmia, CHF, or for any Heart Condition	Neosar	Immunosuppressant, Cancer
Lantus	Insulin Dependent Diabetes Mellitus	Neostigmine	Myasthenia Gravis

MEDICATION	CONDITION / IMPAIRMENT	MEDICATION	CONDITION / IMPAIRMENT
Nesiritide	Congestive Heart Failure	Permitil	Psychotic Disorders
Nilandron	Prostate Cancer	Perphenazine	Psychotic Disorders
Niloric	Dementia, Confusion, Disorientation, Forgetfulness, Memory Loss	Phenothiazine	Psychotic Disorders
Nilutamide	Prostate Cancer	Pimozide	Schizophrenia
Nipride	Angina, Chest Pain	Piperacetazine	Psychotic Disorders
Nitro Td Patch-A	Angina, Chest Pain	Plavix	Anti-platelet, Angina, Stroke Prevention
Nitrobid	Angina, Chest Pain	Pletal	Antiplatelet
Nitro-Bid	Angina, Chest Pain	Pramipexole	Parkinson's Disease
Nitrodisc	Angina, Chest Pain	Pramlintide	Insulin-Dependent Diabetes Mellitus
Nitro-Dur	Angina, Chest Pain	Prednisolone	Oral / Injectable Steroid
Nitrodur/	Angina, Chest Pain	Prednisone (more than 10mg/day)	Oral Steroid
Nitrogard	Angina, Chest Pain	Procainamide	Arrhythmia
Nitroglycerin	Angina, Chest Pain	Procan	Arrhythmia
Nitroglycerine	Angina, Chest Pain	Prochlorperazine	Psychotic Disorders
Nitroglyn	Angina, Chest Pain	Procrit	Kidney Failure
Nitroglyn E-R	Angina, Chest Pain	Procyclidine	Parkinson's Disease
Nitrol	Angina, Chest Pain	Proketazine	Psychotic Disorders
Nitrolingual	Angina, Chest Pain	Prolixin	Psychotic Disorders
Nitropress	Angina, Chest Pain	Promazine	Psychosis
Nitrospan	Angina, Chest Pain	Pronestyl	Arrhythmia
Nitrostat	Angina, Chest Pain	Propacet 100	Pain Reliever
Nolvadex	Cancer	Prostigmin	Myasthenia Gravis
Novolin 70/30	Insulin Dependent Diabetes Mellitus	Pyridostigmine	Myasthenia Gravis
NTG	Angina, Chest Pain	Quetiapine Fumarate	Psychotic Disorders
Olanzapine	Psychotic Disorders	Quinidex	Arrhythmia
Orap	Tourette's Syndrome	Quinidine	Arrhythmia
Pacerone	Ventricular Arrhythmia	Quinora	Arrhythmia
Pancrease	Pancreatic Insufficiency	Regranex	Diabetic Ulcers
Pancreatin	Pancreatic Insufficiency	Remicade	Rheumatoid Arthritis
Pancrelipase	Pancreatic Insufficiency	Reminyl	Alzheimer's Disease
Parlodel	Parkinson's Disease	Repoise	Psychotic Disorders
Parsidol	Parkinson's Disease	Requip	Parkinson's Disease
Pentaerythritol Tetranitrate	Angina, Chest Pain	Rezulin	Diabetes Mellitus
Pergolide	Parkinson's Disease	Rheopro	Antiplatelet
Pergolide Mesylate	Parkinson's Disease	Rheumatrex	Lupus, Scleroderma, Leukemia, Lymphoma, Rheumatoid Arthritis
Permax	Parkinson's Disease	Ridaura	Rheumatoid Arthritis

MEDICATION	CONDITION / IMPAIRMENT	MEDICATION	CONDITION / IMPAIRMENT
Riluzole	ALS, Lou Gehrig's Disease	Taractan	Psychotic Disorders
Risperdal	Psychotic Disorders	Tasmar	Parkinson's Disease
Risperidone	Psychotic Disorders	Tetracyclic	Psychotic Disorders
Rituxan	Non-Hodgkin's Lymphoma	Tetrahydroamino Acridine (THA)	Dementia, Confusion, Disorientation, Forgetfulness, Memory Loss
Rituximab	Recurrent Non-Hodgkin's Disease	Thioridazine	Psychotic Disorders
Ropinerole	Parkinson's Disease	Thiothixene	Psychotic Disorders
Sandimmune	Lupus, Scleroderma, Cancer, Organ Transplant	Thioxanthene	Psychotic Disorders
Selegiline	Parkinson's Disease	Thorazine	Psychotic Disorders
Serentil	Psychotic Disorders	Ticlid	Anti-platelet, Stroke, TIA
Serlect	Schizophrenia	Ticlopadine	Anti-platelet, Stroke, TIA
Seroquel	Psychotic Disorders	Ticlopidine	Anti-platelet, Stroke, TIA
Sertindole	Schizophrenia	Tindal	Psychotic Disorders
Sinemet	Restless Leg Syndrome, Parkinson's Disease	Tolcapone	Parkinson's Disease
Solganal	Rheumatoid Arthritis	Transderm-Nitro	High Blood Pressure, Angina, Chest Pain
Solu-Cortef	Injectable Steroid	Trifluoperazine	Psychotic Disorders
Solu-Medrol	Injectable Steroid	Triflupromazine	Psychotic Disorders
Sparine	Psychosis	Trilafon	Psychotic Disorders
Stalevo	Parkinson's Disease	Troglitazone	Diabetes Mellitus
Stelazine	Psychotic Disorders	Vascor	Angina, Chest Pain
Symbyax	Psychotic Disorders	Vesprin	Psychotic Disorders
Symmetrel	Parkinson's Disease	Viokase	Pancreatic Insufficiency
Tacrine	Dementia, Confusion, Disorientation, Forgetfulness, Memory Loss	Warfarin	Arrhythmia, Heart Valve Disease, Stroke Coronary Artery Disease
Tambocor	Arrhythmia	Zoladex	Prostate Cancer, Cancer
Tamoxifen	Cancer	Zyprexa	Psychotic Mental Disorders, Schizophrenia

## UNINSURABLE HEALTH CONDITIONS

CONDITION / IMPAIRMENT	CONDITION / IMPAIRMENT
Addison's Disease	HIV
AIDS (AIDS Related Complex)	Insulin Dependent Diabetes Mellitus
ALS (Lou Gehrig's Disease)	Kidney Disease requiring dialysis
Alzheimer's Disease	Chronic Kidney Disease
Chronic Active Hepatitis	Lupus
Cirrhosis	Multiple Sclerosis
COPD and other chronic pulmonary disorders to include:	Myasthenia Gravis
Bronchiectasis	Organ Transplant
Chronic bronchitis	Osteoporosis with fracture
COLD (Chronic Obstructive Lung Disease	Parkinson's Disease
* Chronic Asthma	Psychotic Disorders
Chronic Interstitial Lung Disease	Schizophrenia
Chronic Pulmonary Fibrosis	Scleroderma
Cystic Fibrosis	Senile Dementia / Other cognitive disorders to include:
Sarcoidosis	Mild cognitive impairment ("MCI")
Dementia	Delirium
Emphysema	Organic brain disorder
Epilepsy/Seizures – <i>uncontrolled</i>	Spinal Stenosis < 2 years
ESRD - End-Stage Renal Disease (refer to under age requirements)	Stroke

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

- Implantable cardiac defibrillator
- Taking any medication that must be administered in a physician's office
- Advised to have surgery, medical tests, treatment or therapy
- If applicant's height/weight is in the decline column on the chart
- Currently receiving hospice, home health care
- Applicant requiring assistance with any ADLs (Activities of Daily Living)
- Bedridden, confined to wheelchair
- Three or more inpatient hospitalizations in the past two years
- Use of supplemental oxygen (except if used for Obstructive Sleep Apnea)
- \* Chronic asthma requiring continuous use of three or more medications including inhalers
- Depending on the medical condition, use of a nebulizer may lead to a decline.

## **REQUIRED FORMS**

### **APPLICATION**

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

The agent is responsible for submitting completed applications to Thrivent Financial's administrative office.

### **AGENT CERTIFICATION**

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

### **INITIAL PREMIUM RECEIPT**

Receipt must be completed and provided to applicant as receipt for premium, if collected.

### **MEDICAL RELEASE**

Authorization to release confidential medical information is included in the signature page. The form must have a current and clearly written date. It is required with all underwritten applications.

### **METHOD OF PAYMENT FORM**

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

### **REPLACEMENT FORM(S)**

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

### **CREDITABLE COVERAGE LETTER**

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

### **DISENROLLMENT LETTER**

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

### **MEMBERSHIP FORM**

Eligible individuals apply for membership by completing a Membership Application. See page 8 for more information.

# **STATE SPECIFIC REQUIREMENTS & FORMS**

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

## **ALABAMA**

**Guaranteed Issue Right for Voluntary Termination of Group Health Plan** – The applicant has a Guaranteed Issue right for voluntary loss of Group Health Plan Coverage if the employer sponsored plan is primary to Medicare. (p13)

## **ILLINOIS**

**Form: Medicare Supplement Checklist (26765IL)** – The Checklist must be completed and submitted with the application and a copy left with the applicant. This is updated annually and will have current year in form ID.

**Form: Non-English Language Transactions (4657IL)** – The Form must be completed when new applications and contract changes are conducted in a language other than English.

**Requirements for Under Age 65** – Plans A, F, G, and N are available. Applications are only accepted during Open Enrollment. If the applicant does not apply for a contract during this open enrollment period, you cannot write an application until the “Federal Open Enrollment Period” when the applicant turns age 65. (p9)

**Guaranteed Issue Right for Voluntary Termination of Group Health Plan** – The applicant has a Guaranteed Issue right for voluntary loss of Group Health Plan Coverage if the employer sponsored plan is primary to Medicare. (p13)

## **INDIANA**

**Form: IN Notice (4158IN)** – provided at time of policy delivery.

**Guaranteed Issue Right for Voluntary Termination of Group Health Plan** – The applicant has a Guaranteed Issue right for voluntary loss of Group Health Plan Coverage if the employer sponsored plan is primary to Medicare. (p13)

## **KANSAS**

**Requirements for Under Age 65** – Plans A, F, G and N are available. Open enrollment if applied for within six months of Part B enrollment. If applying outside this open enrollment period, the application is subject to underwriting and must qualify medically. (p9)

**Loss of Medicaid Qualification Rights** – Applicants, age 65 and older, have a Guaranteed Issue right for involuntary loss of eligibility for health benefits under Medicaid; beginning with notice of termination and ending 63 days after the termination date. Applicants have the right to any Medigap plan sold. (p12)

**Guaranteed Issue Right for Voluntary Termination of Group Health Plan** – The applicant has a Guaranteed Issue right for voluntary loss of Group Health Plan Coverage under all conditions. (p13)

## **KENTUCKY**

**Form: Medicare Supplement Comparison Statement (26765KY)** – Form should be completed when replacing a Medicare Supplement or Medicare Advantage plan and submitted with the application.

**Requirements for Under Age 65** – Plans A, F, G, and N are available. No open enrollment. All applications are underwritten. (p9)

## LOUISIANA

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

**Requirements for Under Age 65** – Plans A, F, G, and N are available. Applications are only accepted during Open Enrollment. If the applicant does not apply for a contract during this open enrollment period, you cannot write an application until the “Federal Open Enrollment Period” when the applicant turns age 65. (p9)

**Guaranteed Issue Right for Voluntary Termination of Group Health Plan** – The applicant has a Guaranteed Issue right for voluntary loss of Group Health Plan Coverage if the employer sponsored plan is primary to Medicare. (p13)

## MARYLAND

**Form: Eligible Persons for Guaranteed Issue and Open Enrollment Notice (15082MD)** – Form to be left with the Applicant.

**Requirements for Under Age 65** – Plan A is available. Applications are only accepted during Open Enrollment. If the applicant does not apply for a contract during this open enrollment period, you cannot write an application until the “Federal Open Enrollment Period” when the applicant turns age 65. (p9)

## MISSISSIPPI

**Requirements for Under Age 65** – Plans A, F, G and N are available. Open enrollment if applied for within six months of Part B enrollment. If applying outside this open enrollment period, the application is subject to underwriting and must qualify medically. A separate premium band applies to individuals under age 65. (p9)

**Application Fee** – The application fee in Mississippi is \$6.00. (p17)

## NORTH CAROLINA

**Requirements for Under Age 65** – Plans A and F are available. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the “Federal Open Enrollment Period” when the applicant turns age 65. (p9)

## OKLAHOMA

**Requirements for Under Age 65** – Plan A is available. There is an open enrollment period for the first 6 months after the effective date of Part B. If applying outside this open enrollment period, the application is subject to underwriting and must qualify medically. A separate premium band applies to individuals under age 65. (p9)

**Guaranteed Issue Right for Voluntary Termination of Group Health Plan** – The applicant has a Guaranteed Issue right for voluntary loss of Group Health Plan Coverage if the employer sponsored plan’s benefits are reduced substantially. (p13)

## PENNSYLVANIA

**Form: Eligible Persons for Guaranteed Issue and Open Enrollment Notice (15082PA)** – Form to be left with the Applicant.

**Form: Notice of Changes in Medicare & Your Medicare Supplement Insurance (26794(A-N))** – provided annually with CMS Deductible Changes.

**Requirements for Under Age 65** – Plans A, B, F, G and N are available. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the “Federal Open Enrollment Period” when the applicant turns age 65. (p10)

**Policy Delivery** – Administrative Rule is to mail all contracts directly to the insured.

**Guaranteed Issue Right for Voluntary Termination of Group Health Plan** – The applicant has a Guaranteed Issue right for voluntary loss of Group Health Plan Coverage if the employer sponsored plan is primary to Medicare. (p13)

## **SOUTH CAROLINA**

**Form: Duplication of Insurance** – Form should be completed and submitted with the application when duplicating Medicare supplement insurance with other health insurance.

## **TENNESSEE**

**Requirements for Under Age 65** – Plans A, F, G, and N are available. Applications are only accepted during Open Enrollment. If the applicant does not apply for a contract during this open enrollment period, you cannot write an application until the “Federal Open Enrollment Period” when the applicant turns age 65. (p9)

**Loss of Medicaid Qualification Rights** – Applicants, age 65 and older, have a Guaranteed Issue right for involuntary loss of Medicaid (TennCare) beginning with the notice of termination and ending 63 days after the termination date. Applicants, under age 65, have a 6 month Open Enrollment period for loss of Medicaid (TennCare) beginning on the date of involuntary loss of coverage. Applicants have the right to buy Plan A or F. (p12)

## **VIRGINIA**

**Form: Notice About Attained Age Rated Medicare Supplement Contracts (24123VA N9-05)** – form to be signed and dated by proposed insured and submitted with application.

**Guaranteed Issue Right for Voluntary Termination of Group Health Plan** – The applicant has a Guaranteed Issue right for voluntary loss of Group Health Plan Coverage if the employer sponsored plan’s benefits are reduced substantially. (p13)

## **WEST VIRGINIA**

**Application Dates** – applications for Open Enrollment may be taken up to 90 days prior to the effective date of their Medicare eligibility due to age. (p10)

**Guaranteed Issue Right for Voluntary Termination of Group Health Plan** – The applicant has a Guaranteed Issue right for voluntary loss of Group Health Plan Coverage if the employer sponsored plan’s benefits are reduced substantially. (p12)

**Application Fee** – There is no application fee in West Virginia. (p17)

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