



®  
**Gerber Life  
Insurance Company**

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# ***Medicare Supplement Underwriting Guidelines***

# Table of Contents

<b>Contacts</b> .....	Page 1
• Addresses for Mailing and Delivery Receipts	
• Online Forms	
• Important Phone Numbers	
<b>Introduction</b> .....	Page 2
<b>Policy Issue Guidelines</b> .....	Page 3
• Open Enrollment	
• States with Under Age 65 Requirements	
• Selective Issue	
• Application Dates	
• Coverage Effective Dates	
• Replacements	
• Reinstatements	
• Medicare Select to Medicare Supplement Conversion Privilege	
• Telephone Interviews	
• Pharmaceutical Information	
• Policy Delivery Receipt	
• Guarantee Issue Rules	
– Guaranteed Issue Rights for Voluntary Termination of Group Health Plan	
– Additional State Specific Rights	
– Guaranteed Issue Rights for Loss of Medicaid Qualification	
<b>Medicare Advantage (MA)</b> .....	Page 9
• Medicare Advantage (MA) Annual Election Period	
• Medicare Advantage (MA) Proof of Disenrollment	
• Guarantee Issue Rights	
<b>Premium</b> .....	Page 11
• Calculating Premium	
• Types of Medicare Policy Ratings	
• Height and Weight Chart	
• Completing the Premium on the Method of Payment Form	
• Collection of Premium	
• Business Checks	
• Premium Receipt and Notice of Information Practices	
• Shortages	
• Refunds	
• General Administrative Rule – 12 Month Rate	

**Application** ..... Page 15

- Application Sections
  - Section A – Plan Information Section
  - Section B – Applicant Information
  - Section C – Medicare Information
  - Section D – Previous or Existing Coverage Information
  - Section E – Please answer all of the following questions
  - Section F – Health Information
  - Section G – Medication Information
  - Section H – Agreement and Authorization
  - Section J – To be Completed by Producer

**Health Questions** ..... Page 17

- Uninsurable Health Conditions
- Partial List of Medications Associated with Uninsurable Health Conditions

**Mailing Applications to Prospects**..... Page 20

- The Facts
- The Process

**Required Forms** ..... Page 23

- Application
- Producer Information Page
- Method of Payment Form
- Premium Receipt and Notice of Information Practices
- Replacement Form
- Select Disclosure Agreement
- Agent or Witness Certification for Non-English Speaking and/or Reading Applicants

**State Special Forms** ..... Page 24

- Arkansas – Documentation of Solicitation of Medicare Related Products form
- California – California Agent / Applicant Meeting Form
  - Guarantee Issue and Open Enrollment Notice for California
- Colorado – Commission Disclosure Form
- Florida– Florida Certification Form
- Illinois – Medicare Supplement Checklist
- Iowa – Important Notice Before You Buy Health Insurance
- Kentucky – Medicare Supplement Comparison Statement
- Louisiana – Your Rights Regarding the Release and Use of Genetic Information
- Maryland – Eligible Persons for Guarantee Issue and Open Enrollment
- Minnesota – Agent Information Form
- Montana – Privacy Notice
- Nebraska – Senior Health Counseling Notice
- Ohio – Solicitation and Sale Disclosure
- New Mexico – New Mexico Confidential Abuse Information
- Pennsylvania – Guarantee Issue and Open Enrollment Notice
- South Carolina – Duplication of Insurance Form
- Texas – Definition of Eligible Person for Guaranteed Issue Notice
- Wisconsin – Disclosure of Other Health Insurance Sold to Applicant by Agent

# CONTACTS

## Addresses for Mailing New Business and Delivery Receipts

When mailing or shipping your new business applications, be sure to use the preaddressed envelopes.

### Administrative Office Mailing Information

#### Mailing Address

Gerber Life Insurance Company  
P.O. Box 2271  
Omaha, NE 68103-2271

#### Overnight/Express Address

Gerber Life Insurance Company  
Records/Mailing Processing Center  
9330 State Highway 133  
Blair, NE 68008-6179

### FAX Number for New Business - Automated Bank Account Withdrawal Applications

1-866-422-9139

### Online Forms, General and State Specific

<http://www.gerberlifegroup.com>

- Enter user name and password and click “log in”.

**USER NAME:** medsupp

**PASSWORD:** medsupp

### Important Phone Numbers

Area	Phone Number
Underwriting	1-800-646-1999
Sales Support	1-877-617-5592
Licensing	1-800-863-8963
Compensation Support Center	1-877-466-8353
Customer Call Center, Service	1-877-778-0839
Customer Call Center, Claims	1-877-656-5424

# 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 & B in Michigan, Texas and Washington; in all other states, only Part A is required. 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.

## Open Enrollment

To be eligible for open enrollment, an applicant must be at least 64 ½ 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.

## Additional Open Enrollment periods for Residents of the following state:

**California** – Annual Open Enrollment lasting 60 days, beginning 30 days before and ending 30 days after the individual's birthday, during which time a person may replace any Medicare supplement policy with a policy of equal or lesser benefits. Coverage will not be made effective prior to the individual's birthday. Please include documentation verifying the Plan information and paid to date of the current coverage. If replacing a pre-standardized Plan, a copy of the current policy or policy schedule is required.

**Missouri** – Individuals that terminate a Medicare supplement policy within 30 days of the annual policy anniversary date may obtain the same plan on a guarantee issue basis from any issuer that offers that plan. This would include Medicare supplement and select plans. Please include documentation verifying the Plan information, paid-to-date and the policy anniversary of the current coverage. For policies with an effective date of 6/1/2010 or after, individuals with existing plans E, H, I and J can convert to one of the following plans: A, B, C, F, K or L.

**Washington** – Individuals who currently have a standardized Medicare supplement plan may replace the plan as indicated below on an Open Enrollment basis.

- Persons with a Plan A may only move to another Plan A.
- Persons with a Plan B, C, D, E, F, G, M or N may move to any other Plan B, C, D, F (including high deductible), G, M or N (Whether higher or lower in benefits compared to current plan.)
- Persons with a "Standardized" Plan H, I or J may move to another less comprehensive Plan B, C, D, F, G, M or N.
- Please include documentation verifying the Plan information and paid-to-date of the current coverage.

**Note:** Plans E, H, I and J will no longer be available for new business as of June 1, 2010.

## States with Under Age 65 Requirements

<b>California</b>	Plans A & F available. Open enrollment if applied for within six months of Part B enrollment. Not available for individuals with end stage renal disease.
<b>Colorado</b>	All plans available. Open enrollment if applied for within six months of Part B enrollment.
<b>Delaware</b>	All plans are available only for individuals on Medicare due to end-stage renal disease. Open enrollment if within 6 months of Part B enrollment.
<b>Florida</b>	All plans available. Open enrollment if applied for within six months of Part B enrollment.
<b>Georgia</b>	All plans available. Open enrollment if applied for within six months of Part B enrollment.
<b>Illinois</b>	All plans available. Open enrollment if applied for within six months of Part B enrollment.

<b>Kansas</b>	All plans available. Open enrollment if applied for within six months of Part B enrollment.
<b>Kentucky</b>	All plans are available. No open enrollment. All applications are underwritten.
<b>Louisiana</b>	All plans available. Open enrollment if applied for within six months of Part B enrollment.
<b>Maryland</b>	Plans A & C available. Open enrollment if applied for within six months of Part B enrollment.
<b>Minnesota</b>	All plans and riders available. Open enrollment if applied for within six months of Part B enrollment.
<b>Mississippi</b>	All plans available. Open enrollment if applied for within six months of Part B enrollment.
<b>Missouri</b>	All plans available. Open enrollment if applied for within six months of Part B enrollment.
<b>New Hampshire</b>	All plans available. Open enrollment if applied for within six months of Part B enrollment.
<b>New Jersey</b>	Plan C available to people ages 50-64. Open enrollment if applied for within six months of Part B enrollment.
<b>North Carolina</b>	Plans A & F available. Open enrollment if applied for within six months of Part B enrollment.
<b>Oklahoma</b>	Plan A is available. Open enrollment if applied for within six months of Part B enrollment.
<b>Oregon</b>	All plans available. Open enrollment if applied for within six months of Part B enrollment.
<b>Pennsylvania</b>	All plans available. Open enrollment if applied for within six months of Part B enrollment.
<b>South Dakota</b>	All plans available. Open enrollment if applied for within six months of Part B enrollment.
<b>Tennessee</b>	All plans available. Open enrollment if applied for within six months of Part B enrollment.
<b>Texas</b>	Plan A is available. Open enrollment if applied for within six months of Part B enrollment.
<b>Wisconsin</b>	Base policy and riders are available. Open enrollment if within 6 months of Part B enrollment.

### **Selective Issue**

Applicants over the age of 65, or under age 65 in the states listed above, and at least six months beyond enrollment in Medicare Part B will be selectively underwritten. All health questions must be answered. The answers to the health questions on the application will determine the eligibility for coverage. If any health questions are answered “Yes,” including “Not Sure” in California, the applicant is not eligible for coverage. Applicants will be accepted or declined. Elimination endorsements will not be used.

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, Gerber Life Insurance Company does not disclose health information to any non-affiliated insurance company.

## **Application Dates**

- Open Enrollment – Up to six months prior to the month the applicant turns age 65
- Underwritten Cases – Up to 60 days prior to the requested coverage effective date
- West Virginia – Applications may be taken up to 30 days prior to the month the applicant turns age 65.
- Wisconsin – Applications may be taken up to 90 days prior to the month the applicant turns age 65.

## **Coverage Effective Dates**

Coverage will be made effective as indicated below:

1. Between age 64 ½ 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.

## **Replacements**

A “replacement” takes place when an applicant terminates an existing Medicare supplement/Select policy and replaces it with a new Medicare supplement policy. Gerber Life requires a fully completed application when applying for a replacement policy (both internal and external replacements).

A policyowner wanting to apply for a nontobacco plan must complete a new application and qualify for coverage.

If an applicant has had a Medicare supplement policy issued by Gerber Life 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 applications will follow normal underwriting rules.

All replacements involving a Medicare supplement, Medicare Select or Medicare Advantage plan must include a completed Replacement Notice. One copy is to be left with the applicant; one copy should accompany the application. The replacement cannot be applied for on the exact same coverage and exact same company.

The replacement Medicare supplement policy cannot be issued in addition to any other existing Medicare supplement, Select or Medicare Advantage plan.

## **Reinstatements**

When a Medicare supplement policy has lapsed and it is within 90 days of the last paid to date, coverage may be reinstated, based upon meeting the underwriting requirements.

When a Medicare supplement policy has lapsed and it is more than 90 days beyond the last paid to date, the coverage cannot be reinstated. The client may, however, apply for new coverage. All underwriting requirements must be met before a new policy can be issued.

## **Medicare Select to Medicare Supplement Conversion Privilege**

Policy owners covered under a Medicare Select plan with Gerber Life Insurance Company may decide they no longer wish to participate in our hospital network. Coverage may be converted to one of our Medicare supplement plans not containing network restrictions. We will make available any Medicare supplement policy offered in their state that provides equal or lesser benefits. A new application must be completed; however, evidence of insurability will not be required if the Medicare Select policy has been in force for at least six months at the time of conversion.

## **Telephone Interviews**

Random 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.

In Wisconsin, telephone interviews will be conducted with applicants age 75 and over on underwritten cases.

## **Pharmaceutical Information**

Gerber has implemented a process to support the collection of pharmaceutical information for



underwritten Medicare supplement applications. The “Authorization to Disclose Personal Information (HIPAA)” is included in the Agreement and Authorization section of the application. 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.

**Policy Delivery Receipt**

Delivery receipts are required on all policies issued in Louisiana, South Dakota and West Virginia. Two copies of the delivery receipt will be included in the policy package. One copy is to be left with the client. The second copy must be returned to Gerber in the postage-paid envelope which is also included in the policy package.

In Kentucky and Nebraska the policy is allowed to be mailed directly to the insured. If this option is elected, the delivery receipt does not need to be included in the policy package; If the policy is not mailed directly to the insured a delivery receipt will need to be included in the policy package.

**Guarantee Issue Rights**

The situations listed below are based upon scenarios found in the Guide to Health Insurance.

Guarantee 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>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.</p> <p>If client has COBRA coverage, client can either buy a Medigap policy/certificate right away or wait until the COBRA coverage ends.</p>
<p>Client is in the original Medicare Plan and has a Medicare SELECT policy/certificate. Client moves out of the Medicare SELECT plan’s service area.</p> <p>Client can keep the Medigap policy/certificate or he/she may want to switch to another Medigap policy/certificate.</p>	<p>Medigap Plan A, B, C, F, K or L that is sold by any insurance company in client’s state or the state he/she is moving to.</p>
<p>Client’s Medigap insurance company goes bankrupt and the client loses coverage, or client’s Medigap policy/certificate coverage otherwise ends through no fault of client.</p>	<p>Medigap Plan A, B, C, F, K or L that is sold in client’s state by any insurance company.</p>

**Group Health Plan Proof of Termination**

Proof of Involuntary Termination: If applying for Medicare supplement, Underwriting cannot issue coverage as Guarantee 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: 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 IA, NM, 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...
CO, KS, ID, IL, IN, MT, NJ, OH, PA, TX	if the employer sponsored plan is primary to Medicare.
AR, FL, MO, LA, SD	No conditions - always qualifies.
CA	if the employer sponsored plan's benefits are reduced, with Part B coinsurance no longer being covered.
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.
WI	if the annualized premium for the employer sponsored plan would be greater than 125% of the Basic Annual Premium for the applicant's age, gender and tobacco, then the applicant would qualify for GI eligibility.

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.

### Additional State Specific Guarantee Issue Rights

**Minnesota** Basic Plan and any combination of these riders: Part A Deductible, Part B Deductible, and Part B Excess for all Guarantee Issue situations.

**Wisconsin** All plans and riders available for all Guarantee Issue situations.

### Guarantee Issue Rights for Loss of Medicaid Qualification

State	Open Enrollment Situation	Client has the right to buy. . .
CA	Client is enrolled in Medicare Part B, and as a result of an increase in income or assets, is no longer eligible for Medi-Cal benefits, or is only eligible for Medi-Cal benefits with a share cost and certify at the time of application that they have not met the share of cost. Open enrollment beginning with notice of termination and ending six months after the termination date.	<b><u>65 years or older</u></b> any Medigap plan offered by any issuer. <b><u>Under Age 65</u></b> Plans A and F. Not available for individuals with end stage renal disease.

State	Guarantee Issue Situation	Client has the right to buy. . .
<b>KS</b>	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.
<b>OR</b>	Client is enrolled in an employee welfare benefit plan or a state Medicaid plan that provides health benefits that supplement the benefits under Medicare, and the plan terminates or the plan ceases to provide all such supplemental health benefits. 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.

<b>TN</b>	Client is enrolled under Medicaid and the enrollment involuntarily ceases and the individual is eligible for and enrolled in Medicare Part B. 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.
<b>TX</b>	Client loses eligibility for health benefits under Medicaid. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.	Medigap Plan A, B, C, F (including F with a high deductible), K or L offered by any issuer; except that for persons under 65 years of age, it is a policy which has a benefit package classified as Plan A.
<b>UT</b>	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.
<b>WI</b>	Client is eligible for benefits under Medicare Parts A and B and is covered under the medical assistance program and subsequently loses eligibility in the medical assistance program. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.	Wisconsin's Basic Medicare supplement policy or certificate, along with any offered rider.

# 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"> <li>• Enrollment selection for a MA plan</li> <li>• Disenroll from a current MA plan</li> <li>• Enrollment selection for Medicare Part D</li> </ul>
Medicare Advantage Disenrollment Period (MADP)	Jan. 1st – Feb. 14th of every year	<ul style="list-style-type: none"> <li>• MA enrollees to disenroll from any MA plan and return to Original Medicare</li> </ul> <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 SHIP office for direction.

### Medicare Advantage (MA) Proof of Disenrollment

If applying for a Medicare supplement, Underwriting cannot issue coverage without proof of disenrollment. If a member disenrolls from Medicare, the MA plan must notify the member of his/her Medicare supplement guarantee issue rights.

### Disenroll during AEP and MADP

Complete the MA section on the Medicare supplement application; and

1. Send **ONE** of the following with the application
  - a. A copy of the applicant's MA plan's termination notice
  - b. Image of insurance ID card (only allowed if MA plan is being terminated)

### If an individual is disenrolling outside AEP/MADP

1. Complete the MA section on the Medicare supplement application; and
2. Send a copy of the applicant's MA plan's disenrollment notice with the application.

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

## Guarantee Issue Rights

The situations listed below are based upon scenarios found in the Guide to Health Insurance.

Guarantee Issue Situation	Client has the right to...
Client's MA plan is leaving the Medicare program, stops giving care in his/her area, or client moves out of the plan's service area.	buy a Medigap Plan A, B, C, F, K or L that is sold in the client's state by any insurance carrier. Client must switch to original Medicare Plan.
Client joined an MA plan when first eligible for Medicare Part A at age 65 and within the first year of joining, decided to switch back to original Medicare.	buy any Medigap plan that is sold in your state by any insurance company.
Client dropped his/her Medigap policy/certificate to join an MA Plan for the first time, have been in the plan less than a year and want to switch back.	obtain client's Medigap policy/certificate back if that carrier still sells it. If his/her former Medigap policy/certificate is not available, the client can buy a Medigap Plan A, B, C, F, K or L that is sold in his/her state by any insurance company.
Client leaves an MA plan because the company has not followed the rules or has misled the client.	buy Medigap plan A, B, C, F, K or L that is sold in the client's state by any insurance company.
Client's group health plan ended and the client joined a MA Plan for the first time, has been in the plan less than a year, and wants to switch back to Original Medicare. <b>(Wisconsin only)</b>	buy any Medigap plan and riders

If you believe another situation exists, please contact the client's local SHIP office.

# 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 non-tobacco or tobacco
- Find Age/Gender - Verify that the age and date of birth are the exact age as of the application date
- This will be your base monthly premium

### Tobacco rates do not apply during Open Enrollment or Guarantee Issue situations in the following states:

Arkansas  
Colorado  
Iowa  
Illinois  
Kentucky  
Louisiana  
Maryland  
Michigan  
Missouri  
New Hampshire  
New Jersey  
North Carolina  
North Dakota  
Ohio  
Pennsylvania  
Tennessee  
Utah  
Virginia  
Washington  
Wisconsin

### Utilizing the Calculate Your Premium Form

- Enter the **base** premium on line #1 and proceed with the instructions that follow.

## Types of Medicare Policy Ratings

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

**Note:** If a premium is paid by a business account, refer to the “Business Checks” section of this guide to determine if acceptable.

**Rate Type Available by State**

<b>State</b>	<b>Tobacco / Non-Tobacco Rates</b>	<b>Gender Rates</b>	<b>Attained, Issue, or Community Rated</b>	<b>Tobacco Rates During Open Enrollment</b>	<b>Enrollment/ Policy Fee</b>
<b>AL</b>	Y	Y	A	Y	Y
<b>AR</b>	Y	N	C	N	N
<b>AZ</b>	Y	Y	I	Y	Y
<b>CA</b>	Y	N	A	Y	Y
<b>CO</b>	Y	Y	A	N	Y
<b>DE</b>	Y	Y	A	Y	Y
<b>FL</b>	Y	Y	I	Y	Y
<b>GA</b>	Y	Y	I	Y	Y
<b>IA</b>	Y	Y	A	N	Y
<b>ID</b>	Y	N	I	Y	Y
<b>IL</b>	Y	Y	A	N	Y
<b>IN</b>	Y	Y	A	Y	Y
<b>KS</b>	Y	Y	A	Y	Y
<b>KY</b>	Y	Y	A	N	Y
<b>LA</b>	Y	Y	A	N	Y
<b>MD</b>	Y	Y	A	N	Y
<b>MI</b>	Y	Y	A	N	Y
<b>MN</b>	Y	N	C	Y	N
<b>MO</b>	Y	Y	I	N	Y
<b>MS</b>	Y	Y	A	Y	Y
<b>MT</b>	Y	N	A	Y	Y
<b>NC</b>	Y	Y	A	N	Y
<b>ND</b>	Y	Y	A	N	Y
<b>NE</b>	Y	Y	A	Y	Y
<b>NH</b>	Y	Y	I	N	Y
<b>NJ</b>	Y	Y	A	N	Y
<b>NM</b>	Y	Y	A	Y	Y
<b>NV</b>	Y	Y	A	Y	Y
<b>OH</b>	Y	Y	A	N	Y
<b>OK</b>	Y	Y	A	Y	Y
<b>OR</b>	Y	Y	A	Y	Y
<b>PA</b>	Y	Y	A	N	Y
<b>SC</b>	Y	Y	A	Y	Y
<b>SD</b>	Y	Y	A	Y	Y
<b>TN</b>	Y	Y	A	N	Y
<b>TX</b>	Y	Y	A	Y	Y
<b>UT</b>	Y	Y	A	N	Y
<b>VA</b>	Y	Y	A	N	Y
<b>WA</b>	N	N	C	N	N
<b>WI</b>	Y	Y	A	N	Y
<b>WV</b>	Y	Y	A	Y	N
<b>WY</b>	Y	Y	A	Y	Y

## Height and Weight Chart

### Eligibility

To determine whether you may purchase coverage, locate your height, then weight in the chart below. If your weight is in the Decline column, we're sorry, you're not eligible for coverage at this time.

	<b>Decline</b>	<b>Standard</b>	<b>Decline</b>
Height	Weight	Weight	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 +



## **Enrollment/Policy Fee**

There will be a one-time application fee of \$25.00 (\$6.00 in Mississippi) 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. The application fee does not apply in Arkansas, Minnesota, Washington, or West Virginia.

## **Completing the Method of Payment Form**

*Premiums are calculated based upon the applicants exact age at the time of application, not their age as of the requested coverage effective date.*

### **Initial Premium**

- The amount determined from the Calculate Your Premium Form will be the amount you enter on the Initial Premium Amount box.
- Mark the appropriate mode for the **initial** payment.

### **Ongoing Premium Payments**

- Determine how the client wants to be billed going forward (**renewal**) and select the appropriate mode on the Ongoing Premium Payments section.
- **Monthly billing is not allowed.**

## **Collection of Premium**

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.

- Money orders, cashier's checks and counter checks are only acceptable if obtained by the applicant. Third party payors cannot obtain a money order or cashier's check on behalf of the applicant.
- In California, only one month's premium can be submitted with the application.

**NOTE:** Gerber does not accept post-dated checks or payments from Third Parties, including any Foundations as premium for Medicare supplement/Select.

## **Business Checks**

Business checks are only acceptable if they are submitted for the business owner or the owner's spouse. If submitted for the business owner or spouse, complete the information located on the Payor Information section (Part II) of the Method of Payment Form.

## **Premium Receipt and Notice of Information Practices**

Leave the Premium Receipt and the Notice of Information Practices with the applicant. The Premium Receipt must be completed when provided to applicant if premium is collected.

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

## **Shortages**

Gerber will communicate with the producer by telephone, e-mail or FAX in the event of a premium shortage. The application will be held in pending until the balance of the premium is received. Producers may communicate with Underwriting by calling 1-800-646-1999 or by FAX at 1-402-997-1871.

## **Refunds**

Gerber 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.

# APPLICATION

Properly completed applications should be finalized within 5-7 days of receipt at Gerber'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. Please be sure to review your applications for the following information before submitting.

### **Administrative Information**

- Agent Writing Number
- Enter your agent writing number or Social Security number.

**Note:** You do NOT need to complete the FAV Key field.

### **Section A — Plan Information Section**

- Entire Section must be completed.
- This section should indicate the plan or policy form selected, requested effective date-and the policy delivery option.

### **Section B — Applicant Information**

- Please complete the applicant's residence address in full. If premium notices are to be mailed to an address other than the applicant's residence address, please complete the mailing address in full.
- Age and Date of Birth are the **exact age** as of the **application date**.
- Height/Weight —These are required on underwritten cases.
- Answer the tobacco question. (Refer to the Calculating Premium section of this Guide for a list of states where Tobacco rates do not apply during open enrollment or guaranteed issue situations).

### **Section C — Medicare Information**

- Medicare Claim number, also referred to as the Health Insurance Claim (HIC) number, is vital for electronic claims payment.
- Please indicate if the applicant is covered under Parts A and B of Medicare.

### **Section D — Previous or Existing Coverage Information**

- Verify if the applicant is covered through his/her state Medicaid program. If Medicaid is paying for benefits beyond the applicant's Part B premium or the Medicare supplement premium for this policy, then the applicant is not eligible for coverage.
- If the applicant is replacing another Medicare supplement policy, complete question 2 and include the replacement notice.
- If the applicant is leaving a Medicare Advantage plan, complete question 3 and include the replacement notice.
- If the applicant has had any other health insurance coverage in the past 63 days, including coverage through a union plan, employer group health plan, or other non-Medicare supplement coverage, complete question 4.

### **Section E — Please answer all of the following questions**

- If the applicant is applying during a guaranteed issue period, be sure to include proof of eligibility.
- If either Applicant A or B answered "YES" to question 5 **OR BOTH** questions 6 and 7 in Section E, they can skip to Section H — Agreement and Authorization.

## **Section F — Health Information**

- 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, all health questions must be answered.

**NOTE:** In order to be considered eligible for coverage, all health questions must be answered “No.” For questions on how to answer a particular health question, see the **Health Questions** section of this Guide for clarification.

## **Section G — 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, all medication information must be listed as indicated.

## **Section H — Agreement and Authorization**

- Applicant acknowledges receiving the Guide to Health Insurance and Outline of Coverage. It is required to leave these two documents with the client at the time the application is completed.
- Applicant agrees to the Authorization to Disclose Personal Information.
- Signatures and dates: required by applicant(s).
- 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.

## **Section J — To be Completed by Producer**

- The producer(s) must certify that they have:
  - provided the applicant with a copy of the replacement notice if applicable,
  - accurately recorded in the application the information supplied by the applicant,
  - and have interviewed the proposed applicant.

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

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

**NOTE:** Applicant’s signature must match name of applicant on the application. In rare cases where applicant cannot sign his/her name, a mark (“X”) is acceptable. For their own protection, producers are advised against acting as sole witness.

# HEALTH QUESTIONS

Unless an application is completed during open enrollment or a guarantee issue period, all health questions, including the question regarding prescription medications, must be answered. Our general underwriting philosophy is to deny Medicare supplement coverage if any of the health questions are answered “Yes,” including “Not Sure” in California. For a list of uninsurable conditions and the related medications associated with these conditions, please refer to the next two sections in this guide.

There may, however, be situations where an applicant has been receiving medical treatment or taking prescription medication for a long-standing and controlled health condition. Those conditions are listed in health questions 12 and 14.

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.

If you have questions about the interpretation of health questions 12 on the application, please see the information below.

People with diabetes (insulin dependent or treated with oral medications) who also have one or more of the complicating conditions listed in question 12 on the application, are not eligible for coverage. For purposes of this question, hypertension (high blood pressure) is considered a heart condition. Some additional questions to ask your client to determine if he/she does have a complication include:

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

Consideration for coverage may be given to those persons with well-controlled cases of hypertension and diabetes. A case is considered to be well controlled if the person is taking no more than two oral medications for diabetes and no more than two medications for hypertension. A combination of insulin and one oral medication would be the same as two oral medications if the diabetes were well controlled. 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 hypertension to be stable if recent average blood pressure readings are 150/85 or lower.

## Uninsurable Health Conditions

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

<p>AIDS</p> <p>Alzheimer's Disease</p> <p>ARC</p> <p>Any cardio-pulmonary disorder requiring oxygen</p> <p>Cirrhosis</p> <p>Chronic hepatitis</p> <p>Chronic Obstructive Pulmonary Disease (COPD)</p> <p>Other chronic pulmonary disorders to include:</p> <ul style="list-style-type: none"> <li>Chronic bronchitis</li> <li>Chronic obstructive lung disease (COLD)</li> <li>Chronic asthma</li> <li>Chronic interstitial lung disease</li> <li>Chronic pulmonary fibrosis</li> <li>Cystic fibrosis</li> <li>Sarcoidosis</li> <li>Bronchiectasis</li> <li>Scleroderma</li> </ul> <p>Diabetes (MN and WI only)</p> <p>Emphysema</p>	<p>End-Stage Renal Disease (ESRD)</p> <p>Kidney disease requiring dialysis</p> <p>Chronic kidney disease</p> <p>Kidney failure</p> <p>Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)</p> <p>Lupus - Systemic</p> <p>Multiple Sclerosis</p> <p>Myasthenia Gravis</p> <p>Organ transplant</p> <p>Osteoporosis with fracture</p> <p>Parkinson's Disease</p> <p>Senile Dementia</p> <p>Other cognitive disorders to include:</p> <ul style="list-style-type: none"> <li>Mild cognitive impairment (MCI)</li> <li>Delirium</li> <li>Organic brain disorder</li> </ul>
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In addition to the above conditions, the following will also lead to a decline:

- Implantable cardiac defibrillator
- Use of supplemental oxygen
- Use of a nebulizer
- Asthma requiring continuous use of three or more medications including inhalers
- Taking any medication that must be administered in a physician's office
- Advised to have surgery, medical tests, further diagnostic evaluation, treatment or therapy
- If applicant's height/weight is in the decline column on the chart

## 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 following medications:

3TC	AIDS	*Insulin (MN and WI only)	Diabetes
Acetate	Prostate Cancer	Interferon	AIDS, Cancer, Hepatitis
Alkeran	Cancer	Indinavir	AIDS
Amantadine	Parkinson's Disease	Invega	Schizophrenia
Apokyn	Parkinson's Disease	Invirase	AIDS
Aptivus	HIV	Kaletra	HIV
Aricept	Dementia	Kemadrin	Parkinson's Disease
Artane	Parkinson's Disease	Lasix / Furosemide (>60 mg/day)	Heart Disease
Atripla	HIV	L-Dopa	Parkinson's Disease
Avonex	Multiple Sclerosis	Letairis	Pulmonary Hypertension
Azilect	Parkinson's Disease	Leukeran	Cancer, Immunosuppression, Severe Arthritis
AZT	AIDS	Leuprolide	Prostate Cancer
Baclofen	Multiple Sclerosis	Levodopa	Parkinson's Disease
BCG	Bladder Cancer	Lexiva	HIV
Betaseron	Multiple Sclerosis	Lioresal	Multiple Sclerosis
Bicalutamide	Prostate Cancer	Lomustine	Cancer
Carbidopa	Parkinson's Disease	Lupron	Cancer
Casodex	Prostate Cancer	Megace	Cancer
Cerefolin	Dementia	Megestrol	Cancer
Cogentin	Parkinson's Disease	Mellaril	Psychosis
Cognex	Dementia	Melphalan	Cancer
Combivir	HIV	Memantine	Alzheimer's Disease
Comtan	Parkinson's Disease	Methotrexate (>25mg/wk)	Rheumatoid Arthritis
Copaxone	Multiple Sclerosis	Metrifonate	Dementia
Crixivan	HIV	Mirapex	Parkinson's Disease
Cytosan	Cancer, Severe Arthritis, Immunosuppression	Myleran	Cancer
D4T	AIDS	Namenda	Alzheimer's Disease
DDC	AIDS	Natrecor	CHF
DDI	AIDS	Navane	Psychosis
DES	Cancer	Nelfinavir	AIDS
DuoNeb	COPD	Neoral	Immunosuppression, Severe Arthritis
Eldepryl	Parkinson's Disease	Neupro	Parkinson's Disease
Embreel	Rheumatoid Arthritis	Norvir	HIV
Emtriva	HIV	Novatrone	Multiple Sclerosis
Epivir	HIV	Paraplatin	Cancer
Epogen	Kidney Failure, AIDS	Parlodel	Parkinson's Disease
Ergoloid	Dementia	Permax	Parkinson's Disease
Exelon	Dementia	Prednisone (>10 mg/day)	Rheumatoid Arthritis, COPD
Fuzeon	HIV	Prezista	HIV
Galantamine	Dementia	Procrit	Kidney Failure, AIDS
Geodon	Schizophrenia	Prolixin	Psychosis
Gold	Rheumatoid Arthritis	Razadyne	Dementia
Haldol	Psychosis	Remicade	Rheumatoid Arthritis
Herceptin	Cancer	Reminyl	Dementia
Hydergine	Dementia	Remodulin	Pulmonary Hypertension
Hydrea	Cancer	Requip	Parkinson's Disease
Hydroxyurea	Melanoma, Leukemia, Cancer	Rescriptor	HIV
Imuran	Immunosuppression, Severe Arthritis		

\*Coverage not available for individuals with diabetes in MN and WI.

## Partial List of Medications Associated with Uninsurable Health Conditions (continued)

Retrovir	AIDS	Trelstar-LA	Prostate Cancer
Rebif	Multiple Sclerosis	Triptorelin	Prostate Cancer
Reyataz	HIV	Trizivir	HIV
Rilutek	Amyotrophic Lateral Sclerosis	Truvada	HIV
Riluzole	ALS	Tysabri	Multiple Sclerosis
Risperdal	Psychosis	Valycte	CMV HIV
Ritonavir	AIDS	VePesid	Cancer
Sandimmune	Immunosuppression, Severe Arthritis	Videx	HIV
Selzentry	HIV	Vincristine	Cancer
Sinemet	Parkinson's Disease	Viracept	HIV
Stalevo	Parkinson's Disease	Viramune	AIDS
Stelazine	Psychosis	Viread	HIV
Sustiva	AIDS	Zanosar	Cancer
Symmetrel	Parkinson's Disease	Zelapar	Parkinson's Disease
Tacrine	Dementia	Zerit	HIV
Tasmar	Parkinson's Disease	Ziagen	HIV
Teslac	Cancer	Ziprasidone	Schizophrenia
Thiotepa	Cancer	Zoladex	Cancer
Thorazine	Psychosis	Zometa	Hypercalcemia in Cancer

## MAILING APPLICATIONS TO PROSPECTS

Mailing a completed application adds a few steps to the normal sales process. Below is a description of the necessary steps.

### The Facts

#### **When Face-to-face Interviews Aren't Possible**

Face-to-face interviews are always preferable, however, there will be times when you cannot meet with prospects in person. When necessary, and with the prospect's consent, you may conduct the interview over the phone and mail the completed application to the prospect.\*

This option is to be used only with people who have responded to lead-generation material or with whom you have ongoing client relationships. It is not appropriate for cold calling as national and corporate do-not-call rules and other compliance requirements apply.

#### **The Sales Process**

The method for selling Medicare supplements doesn't change: Call a lead, review coverage, ask for the sale, complete and sign the application, submit the business, deliver the policy. The difference is that parts of the sales process may be conducted via the telephone instead of face-to-face. Consequently, there are a few more steps, outlined on the next two pages, to complete the sale.

#### **Improve Time Service**

Submitting complete and accurate information ensures quick time service. Other factors are:

- You must be licensed to sell in the state where the prospect is at the time of solicitation; that is the state where he/she is located when you ask the questions on the application
- 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
- The producer who solicits the business must sign the corresponding application
- You cannot sign blank applications
- It is not acceptable to mail blank applications, brochures and outlines as prospecting material

#### **Spot Check for Customer Satisfaction**

To ensure that customers who complete Medicare supplement applications over the phone perceive this process as positive and that it's followed correctly, Gerber will call a portion of these applicants to:

- Verify the content and accuracy of the information submitted
- Determine their overall satisfaction level
- Confirm that producers followed this process

\*Applies only to Gerber Medicare supplement products and does not change the current underwriting requirements for other Gerber Life Insurance Company products.

## The Process

Please complete the following steps when you conduct the Medicare supplement sales interview over the phone and mail the completed application to the prospect:

Step	Action
1	<p><b>Call the prospect who responded to a lead.</b></p> <p>When you receive a lead, telephone the person to discuss the benefits, rates and answer questions. Attempt to schedule a face-to-face appointment to review details, ask for the sale and apply for coverage.</p> <p>If the prospect prefers to continue the sales process on the phone, continue to Step 2.</p> <p><b>Note:</b> You must be licensed to sell in the state where the prospect is at the time of solicitation; that is the state where he/she is located when asked the questions on the application.</p>
2	<p><b>Communicate the process.</b></p> <p>If the prospect wants coverage and prefers to apply for a policy over the phone instead of in person, explain the process before proceeding to Step 3:</p> <ol style="list-style-type: none"><li>1. Producer asks the prospect the questions on the application and required forms.</li><li>2. Producer mails the completed application and forms to the prospect for review and his/her signature.</li><li>3. Prospect carefully reviews the application and forms for completeness and accuracy and signs them.</li><li>4. Prospect returns the application, forms and premium in the provided postage-paid envelope.</li><li>5. Producer verifies all the required forms are completed and signed.</li><li>6. Producer submits the application through your usual channel.</li><li>7. When issued, the producer delivers the policy according to current policy delivery guidelines.</li></ol>
3	<p><b>Complete the required forms over the telephone.</b></p> <p>Ask the prospect all the questions on the application, replacement notice and state special forms (if needed) and print the answers. Consider repeating his/her responses for accuracy.</p> <p><b>Note:</b> Privacy requirements prohibit discussing eligibility for other products over the telephone.</p>



4	<p><b>Mail forms to the prospect.</b></p> <p>Place the following in an envelope and mail to the prospect:</p> <ul style="list-style-type: none"> <li>• Cover letter (attach your business card): <ul style="list-style-type: none"> <li>- Indicating which forms to sign and what to return to you</li> <li>- Asking the prospect to verify all information including his/her Medicare card number, to make necessary corrections and initial changes</li> <li>- Inviting the prospect to contact you with any questions</li> </ul> </li> <li>• Application and forms (replacement notice and state special forms, if needed) with signature areas and premium highlighted</li> <li>• Outline of Coverage, <i>Guide to Health Insurance for People with Medicare</i></li> <li>• Postage-paid addressed envelope</li> </ul> <p><b>Note:</b> Plan availability and premium rates are based on when the application is signed. The producer must communicate changes in plan availability or premium to the prospect before submitting the forms to Gerber.</p>
5	<p><b>Prospect reviews and signs forms.</b></p> <p>Once the prospect receives the application and forms, he/she:</p> <ul style="list-style-type: none"> <li>• Verifies the responses and initials any corrections</li> <li>• Signs the application and forms as highlighted</li> <li>• Returns the application and forms to the producer in the provided envelope</li> </ul>
6	<p><b>Verify and sign forms.</b></p> <p>When you receive the envelope from the prospect, you:</p> <ul style="list-style-type: none"> <li>• Check that you have the first premium payment and the completed and signed application and forms</li> <li>• Verify that the prospect initialed any changes</li> <li>• Sign the required items</li> <li>• Send the Premium Receipt to the applicant</li> </ul> <p><b>Note:</b> The producer who solicited the business must sign the application.</p>
7	<p><b>Submit for processing.</b></p> <p>Submit the business (application and forms) in the usual manner.</p>
8	<p><b>Deliver the policy according to current policy delivery guidelines.</b></p>

**Questions?**

Call Sales Support, 1-877-617-5592.

# 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 Gerber and attached to the policy to make it part of the contract.

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

## **Producer Information Page**

Producers must include their name and Agent Writing Number or Social Security number. A maximum of two producers are allowed and they should indicate the commission percentage shares, which must total 100%. Commission Code is required only if the producer is not appointed or licensed or is changing brokerage firms.

## **Method of Payment Form**

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

## **Premium and Notice of Information Practices**

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

## **Replacement Form**

The replacement form 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.

In Wisconsin, the replacement form must also be completed when replacing any other health insurance.

## **Select Disclosure Agreement**

The Select Disclosure Agreement form must be signed and submitted with the application when a Select plan is chosen (Select plan not available in all states).

## **Agent or Witness Certification for Non-English Speaking and/or Reading Applicants**

If the applicant does not speak English, this form is to be completed by the agent if agent is translating or a witness if a witness is translating. A copy must be submitted with the application and a copy left with the applicant.

# STATE SPECIAL FORMS

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.

## California

**California Agent / Applicant Meeting Form** – To be completed and signed by the Gerber Life Insurance Company representative and given to applicant when a meeting to discuss Medicare supplement insurance is scheduled.

**Guarantee Issue and Open Enrollment Notice for California** – This form includes the requirements for individuals who are eligible for Guarantee Issue. This form must be read and signed by the Applicant and Agent. A copy must be submitted with all applications and a copy left with the Applicant.

## Colorado

**Commission Disclosure Form** – This form is to be completed by the Agent, 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.

## Florida

**Florida Certification Form** – This form is to be completed by the Agent, then signed by the Agent and Applicant. A copy must be submitted with the application and a copy left with the Applicant.

## Illinois

**Medicare Supplement Checklist** – The Checklist must be completed and submitted with the application and a copy left with the applicant.

## Iowa

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

## Kentucky

**Medicare Supplement Comparison Statement** – Form should be completed when replacing a Medicare supplement or Medicare Advantage plan and submitted with the application.

## Louisiana

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

## Maryland

**Eligible Persons for Guarantee 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 form is to be left with the Applicant.

## Nebraska

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

**Pennsylvania**

**Guarantee Issue and Open Enrollment Notice** – To be left with the Applicant.

**South Carolina**

**Duplication of Insurance** – 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 must be provided to the client.

**Wisconsin**

**Disclosure of Other Health Insurance Sold to Applicant by Agent** – To be completed and signed by the Agent, then submitted with the application.