



Gerber Life  
Insurance Company

# WRITING MEDICARE SUPPLEMENT BUSINESS JUST GOT EASIER & FASTER

MEDICARE SUPPLEMENT  
August 11, 2011

**APPLICATION REDESIGN:**

After a very comprehensive review of our Medicare supplement application, we are releasing a newly redesigned application package with improved formatting and flow making it easier to collect required information as you walk your client through the application.

**CHANGES:**

In general, changes to the application include:

- Adding of a barcode identifier to provide more efficient and timely internal processing
- Clearly identifying all forms required for submission with the application

Key changes include:

1. **Application Submission Checklist** (*Cover page of application package*): The producer information form has been eliminated and the producer information has been added to the top of the checklist. The checklist is now a required form that must be returned with the application.
2. **Open Enrollment (OE)/Guarantee Issue (GI) Worksheet:** (*backside of the Application Submission Checklist*) A convenient checklist has been developed to help you determine if your client is in an OE or GI situation, saving you time by not having to consult the underwriting guide. The worksheet applies to general CMS guidelines. Certain state specific guidelines can still be found in the underwriting guide.
3. **Calculate Your Premium** is now a required form and has been moved to page 2 of the application
4. **Application** changes:
  - Check off option for policy delivery has been moved to the front page of the application
  - When replacing coverage, the “reason for termination/disenrollment” now requires you to check the appropriate answer from a list of required CMS guarantee issue scenarios. There is no need to write in the answer and it provides another checkpoint to determine whether a client qualifies for guarantee issue (*Example 1*)

**EXAMPLE 1: REASON FOR TERMINATION/ DISENROLLMENT**

	Applicant A	Applicant B
(g) Please indicate reason for termination/disenrollment:	<b>Check box(s) below if applicable</b>	
■ Your Medicare Advantage plan is leaving the Medicare program.....	<input type="checkbox"/>	<input type="checkbox"/>
■ Your Medicare Advantage organization stopped offering Medicare Advantage plans.....	<input type="checkbox"/>	<input type="checkbox"/>
■ Your Medicare Advantage organization stopped offering coverage in the area in which you live.....	<input type="checkbox"/>	<input type="checkbox"/>
■ You moved out of the geographic service area of your Medicare Advantage plan.....	<input type="checkbox"/>	<input type="checkbox"/>
■ You had a Medicare Advantage plan with Medicare Part D benefits and are enrolling in a stand-alone Medicare Part D plan.....	<input type="checkbox"/>	<input type="checkbox"/>
■ Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

- **Health Questions:** The health questions are now easier to read and include better explanations and/or details
    - ✓ Medical diagnoses are now individually listed instead of buried in a paragraph and can be checked off as a “yes” or “no”. (Example 2 below)
    - ✓ The maximum insulin dosage for diabetes has been removed
    - ✓ Chronic hepatitis has been added as a medical condition that may result in declination of coverage
    - ✓ The format has changed to better facilitate the listing of medications. (Example 3 below)
5. **Section H: Agreement and Authorization:** The HIPAA form has been eliminated and incorporated into this single page, eliminating the need to have your client sign multiple forms
6. **Method of Payment Form:** Payment information has been removed from the application and added to the Method of Payment form. The Method of Payment form has been condensed to a single page and is a required form

**EXAMPLE 2: MEDICAL DIAGNOSIS**

	Applicant A	Applicant B
17. At any time have you been medically diagnosed with, treated for or had surgery for any of the following:		
A. Alzheimer’s disease, dementia or any other cognitive disorder? .....	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
B. Parkinson’s disease, multiple sclerosis or amyotrophic lateral sclerosis (Lou Gehrig’s Disease)?.....	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
C. Systemic lupus or myasthenia gravis? .....	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
D. Acquired immune deficiency syndrome (AIDS) or AIDS related complex (ARC)? .....	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
E. An organ transplant or been advised to have an organ transplant (Excluding Cornea Transplants)? .....	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
F. Chronic hepatitis, cirrhosis, chronic kidney disease, kidney failure or kidney disease requiring dialysis? .....	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
G. Emphysema, chronic obstructive pulmonary disease (COPD), any other chronic pulmonary disorder or any cardio-pulmonary disorder requiring oxygen? .....	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
H. Osteoporosis with a fracture or fractures? .....	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

**EXAMPLE 3: MEDICATION LIST**

Applicant A					
Medication Name (copy off pharmacy label)	Dosage	Frequency	Have you taken this medication for more than 2 years?	Prescribed by Primary Physician?	Diagnosis/Condition
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

**MARKETING MATERIALS:**

Form numbers for the application books remain the same. Beginning today, all orders for application books with Print Date 08/10/11 will contain the new application. The old application will still be accepted for 60-days.

Materials may be viewed/ downloaded at [www.Gerberlifegroup.com](http://www.Gerberlifegroup.com) and are also available to order by completing the Supply Requisition Form, T03\_245 and faxing to (866) 931-5502 or by calling (877) 617-5592.

**QUESTIONS:**

Call: (877) 617-5592

E-Mail: [GerberSalesSupport@medsuppservices.com](mailto:GerberSalesSupport@medsuppservices.com)