

Everest Medicare Supplement

New Business & Underwriting Manual





EVEREST®

This guide provides information about the evaluation process used in underwriting and issuing Medicare Supplement insurance policies. The goal is to issue insurance policies as quickly and efficiently as possible while assuring proper evaluation of each risk. To accomplish this goal, writing agents will be notified via the agent portal to advise him/her of any issue(s) with an application. All policies and procedures are as of the revision date listed in the form number for this manual and are subject to change.

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• IMPORTANT CONTACT INFORMATION:

NEW BUSINESS MAILING ADDRESS:

Everest Reinsurance Company
Medicare Supplement Administrative Office
P.O. Box 10878
Clearwater, FL 33757-8878

OVERNIGHT ADDRESS *(for use on overnight mail only)*

Everest Reinsurance Company
c/o IAS
17757 US HWY 19 N
Suite 660
Clearwater FL 33764

PHONE NUMBERS:

Administrative Office: **1-844-301-0395**

Agents should press **Option #4** and select one of the following:

Agent Portal or E-Application questions:	Press 1
Underwriting questions:	Press 2
Agent Contract & Appointment questions:	Press 3
Commission questions:	Press 4
Customer Service questions:	Press 5
Policy Benefits or Claim Status questions	Press 6
Contact Information for your FMO:	Press 7

Supplies: Contact your Field Marketing Organization for paper supplies **or** download/print from the "State Forms/Documents (Supplies)" Portal - below

Sales/Marketing: 1-813-638-8984

FAX NUMBERS:

New Business (Fax App): 1-855-226-4101 (consider using the "Upload Documents" feature via "Documents Upload on the Agent Portal)

Underwriting: 1-855-275-2029

Claims: 1-816-701-2549

Policyholder Service: 1-816-701-2548

Commissions: 1-727-373-4463

Sales/Marketing: 1-813-269-6980

Agent Contracting: All contracting is online, contact your Direct Reporting Manager

EMAIL:

Agent Contracting: eppteam@iasadmin.com

Agent Commissions: commissionaccounting@iasadmin.com

Sales/Marketing: Work with your Direct Reporting Manager or Field Marketing Organization

Email david.burke@everestre.com with any issues

Supplies: Email your Field Marketing Organization for paper supplies **or** download/print from the "State Forms/Documents (Supplies)" Portal - below

WEBSITES:

Consumer: <http://www.everestre.com/medicaresupplement>

Agents can access the Agent, Insured and Provider portal websites from the Consumer website noted above

Agent Portal: <https://service.iasadmin.com/gateway/login.aspx?pp=plMI&pn=Ri&y1tv0=n>

If you need help registering for the Agent Portal, see the phone number above or email eppteam@iasadmin.com

See Appendix D on how to register

State Forms/Documents Portal: <https://the-printers.printjob.com/site/login/ev>

If you need help registering for the State Forms/Documents (Supplies) Portal, call or email Sales/Marketing

See Appendix E on how to register

E-APP (e-signature default site): <http://considermyapp.com/Everest>

Used when applicant does not receive email to complete e-signature process

POLICY ISSUE GUIDELINES

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.

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.

Unless otherwise noted in the state specific Medicare supplement rate sheets, Everest applies Non-tobacco/Tobacco rates accordingly for open enrollment and guaranteed issue applications.

Missouri – Individuals terminating 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 offering that plan. The current carrier's policy schedule page is considered sufficient proof as long as it contains: policyholder name; plan; and, a policy effective date within the last two years (a copy of the Medicare Supplement Policy ID Card is acceptable, but only if it includes the policyholders name, plan and a policy effective date within the last two years). If the schedule page is more than two years old, then in addition to the policy schedule page (or Policy ID Card), proof of the policy's current paid to date is required. This can be: 1) a copy of the applicants bank statement showing premium paid in the past 60 days; 2) a voided premium check showing premium paid in the past 60 days (exceptions may be considered if the premium check reflects a non-monthly premium); or, 3) a copy of a commission statement showing commission paid on the policy being replaced (#3 is accessible only if the agent writing the Everest application is the agent of record on the replaced policy). ***For sign date and effective date rules, please see the Missouri Annual Open Enrollment Chart – see Appendix G.***

Selective Issue

Applicants over the age of 65 and at least six months beyond enrollment in Medicare Part B will be selectively underwritten (unless applying in a guarantee issue period). 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," the applicant is not eligible 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. Refer to the Eligibility section below.
- The Company will utilize **ScriptCheck®** from ExamOne, a Quest Diagnostics company.
 - Once an applicant completes the required authorization and consent forms, ScriptCheck® develops an in-depth review of an applicants' prescription history.
 - Drugs that invalidate answers to knockout questions AND drugs that would cause a decline even in the event of all "NO" answers to questions are reviewed
 - The Company does consider prescription usage as "treatment" for a medical condition.

Eligibility

To determine if the applicant is eligible for coverage, locate the applicant's height, then weight (in pounds) in the HT/WT Table below. If the applicant's weight less than the Minimum Weight or greater than the Maximum Weight, they are not eligible for coverage at this time.

FEMALE		Height	MALE	
Minimum Weight	Maximum Weight		Minimum Weight	Maximum Weight
77	158	4'6"	85	166
80	163	4'7"	88	172
83	169	4'8"	91	178
86	176	4'9"	95	185
89	181	4'10"	98	191
92	188	4'11"	101	198
95	195	5'0"	105	205
98	201	5'1"	108	212
101	208	5'2"	111	219
104	215	5'3"	114	226
108	221	5'4"	119	233
111	228	5'5"	122	240
115	236	5'6"	127	248
118	242	5'7"	130	255
122	250	5'8"	134	263
125	257	5'9"	138	271
129	265	5'10"	142	279
133	273	5'11"	146	287
136	280	6'0"	150	295
140	288	6'1"	154	303
144	296	6'2"	158	312
148	304	6'3"	163	320
152	313	6'4"	167	329
156	320	6'5"	172	337
160	329	6'6"	176	346
164	337	6'7"	180	355
168	346	6'8"	185	364
173	354	6'9"	190	373
177	364	6'10"	195	383
181	372	6'11"	199	392

NOTE: If the weight of an applicant falls outside the acceptable parameters in the chart below, the E-APP will not present the applicant with the ability to enter their bank information.

Application Sign Dates

- **Open Enrollment** – Up to six months prior to the month the applicant turns age 65.
 - Wisconsin – Applications can be signed no more than 90 days prior to the applicant's Medicare Part B eligibility date.
- **Underwritten Cases** – Up to 60 days prior to the requested coverage effective date.
- **Individuals** – Individuals whose employer group health plan coverage is ending can apply up to 60 days prior to the requested effective date of coverage.

IMPORTANT: Agents have **21 days** from the application sign date to submit an application, otherwise it will be considered “stale dated” and a new application will be required.

Coverage Effective Dates

Coverage will be made effective as indicated below:

- Applications may not be backdated prior to the application signed date for any reason to save age.
- The effective date of the insurance can be between the 1st and the 28th day of the month.
- Applications written for an effective date of the 29th, 30th, or 31st of the month will be made effective on the 1st of the next month.
- *Exception: Applications written on the 29th, 30th, or 31st of the month may be dated the 28th of the same month upon request.*

Replacements

A “replacement” takes place when an applicant wishes to terminate an existing Medicare Supplement/Select policy or Medicare Advantage plan, with another Medicare Supplement plan available, regardless of whether the change is an “external replacement” (a change from one company to another company) or “internal replacement” (a change of plans within the same company or to an affiliate of the same company).

The policy to be replaced must be in force on the date of replacement. All replacements involving a Medicare Supplement, Medicare Select or Medicare Advantage plan must include a completed Replacement Notice. One copy is to be left with the applicant; one copy should accompany the application.

Internal Replacements

- Upgrading an Existing Policy:
 - Requires a new fully completed application with medical underwriting
- Downgrading an Existing Policy:
 - Requires a new fully completed application
 - If originally issued via Open Enrollment or via Underwriting, we allow an applicant/policyholder to switch to a lower benefit plan without underwriting
 - If originally issued via Guaranteed Issue, we do not allow an applicant/policyholder to switch to a lower plan, unless a lower plan was also available on a Guaranteed Issue basis at the time they originally qualified for Guaranteed Issue
- Converting from Tobacco to Nontobacco
 - Requires a new fully completed application with medical underwriting

Situations:

- If application has not been “ISSUED” and inside 30 day free look:
 - The agent/applicant should submit a written request with the desired Plan change – this must be signed by the applicant
 - The same effective date will be utilized
 - The agent should submit the written request via Agent Portal “Upload Document(s)” feature or via the fax app (make sure the document the request with the proper Policy Number)
 - The same policy # is retained, but an amendment is issued with the original policy which must be signed and returned.
 - Original issue state is always retained
- If application has been “ISSUED” and inside 30 day free look:
 - The agent/applicant should edit and initial the “Plan” and “Model Premium” fields on page 1 of the original application
 - The same effective date will be utilized
 - The agent should submit the revised application via Agent Portal “Upload Document(s)” feature or via the fax app (make sure the document the request with the proper Policy Number)
 - The same policy # is retained, but an amendment is not provide, rather, the edited application is inserted into the original policy packet
 - Original issue state is always retained
- If outside 30 day free look and Underwriting is NOT REQUIRED:
 - Written request must be signed by the policyholder and document the:
 - Desired new Plan
 - Requested Effective Date for the change
 - And be accompanied by original application
 - New policy # is issued and policy delivered
 - Original issue state is always retained
- If outside 30 day free look and Underwriting is REQUIRED:
 - A new application is required
 - New policy # is issued and policy delivered
 - Original issue state is always retained

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. If reinstated, past due premiums will be required and no break in coverage will exist.

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.

Prescription Drug Report (i.e., Script Check)

We have implemented a process to support the collection of pharmaceutical information for underwritten Medicare Supplement applications. In order to obtain the pharmaceutical information as requested, the Authorization and Certification page of the application must be completed and signed by the applicant. 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.

Telephone Interviews (PHI – Personal History Interview)

A full review of the entire application and all health questions will be conducted on any applicant medically qualifying for coverage under the age of 65.

An administrative review (non-medical) will be conducted on all Open Enrollment applicants 75 years of age or older.

All other interviews will be conducted based on a comparison of the prescription drug report (i.e., script check) and medications listed on the application. NOTE: Prescription medications are considered treatment.

- If the prescription drug report returns only drugs of no interest, the application will be reviewed to determine if any drugs of concern are listed and use reasonable underwriting judgment to determine if a PHI is needed.
- If the prescription drug report returns a drug of concern, we will compare the drug report to the application and use reasonable underwriting judgment to determine if a PHI is needed. *(For example, if Amlodipine is returned from the drug report and listed on the application with a diagnosis of blood pressure (one of its known uses), a PHI will not be conducted. However, if there is no diagnosis listed on the application, a PHI will be conducted).*
- PHI will be conducted on applicants where a prescription drug report cannot be found if the meds and/or diagnosis on the application are unclear or incorrect. We will verify the identifiers used to run the prescription drug report, any missing information from the application and any medications listed of interest. If application medications are ok – no PHI required.
- If a medication is disclosed on the application, but the actual medical diagnosis is not provided or if an undisclosed medication is identified on the prescription drug report, a PHI is necessary to confirm the medical condition being treated.
 - IMPORTANT: If during the PHI the applicant does not know the actual medical diagnosis the medication is treating (i.e., if an applicant says they are on medication for fluid or water retention or swelling in the legs, but does not actually know the medical diagnosis), the underwriter may in some situations ask the applicant to obtain a “medical diagnosis code” (ICD-9/10 Code) from their physician. *Although the majority of applicants do not know what an ICD-9/10 Code is, our underwriters have found it is easier to ask the applicant to secure this code from the physician as opposed to a verbal description of the diagnosis.*
 - NOTE: If a medication is disclosed on the application, but the medical diagnosis provided by the applicant is not known to be treated by the medication in question, the underwriter may ask the applicant to obtain a “medical diagnosis code” (ICD-9/10 Code) from their physician.
- PHI will not be conducted on any applicant with a “Yes” answer to a health question or a medication listed with a diagnosis to treat any condition on the application, any condition the company is declining for, or any drug classified as a “red” (stop) drug.

Policy Delivery/Fulfillment

An agent may choose, on an app-to-app basis, to have the issued policy delivered to themselves or directly to the applicant. **EXCEPTION:** If an E-APP is taken and the agent provides a valid email address for the applicant, Everest has directed the Administrative Office to e-deliver the policy fulfillment packet

NOTE: A physical Medicare supplement ID card and Prescription Discount ID card is always mailed directly to the applicant separate from the policy fulfillment packet.

Policies can be fulfilled either via Paper or Electronically (E-Delivery)

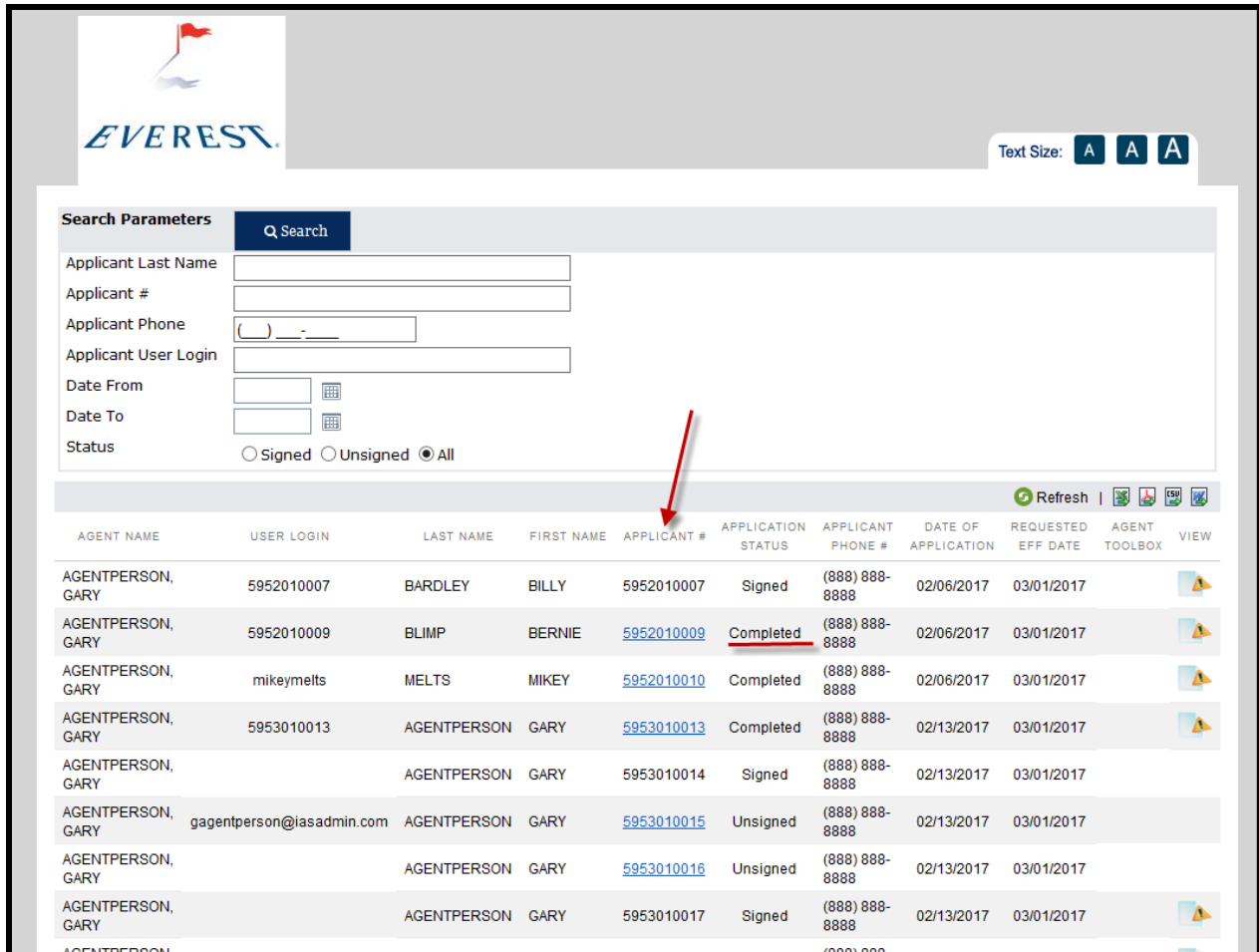
- If a Paper application or an E-APP “signed” via the Print Documents method is submitted, the policy fulfillment packet will be mailed.
 - The agent has the option to select if the policy fulfillment packet is mailed to the Agent or Applicant.
 - If an agent does not specify a delivery preference, the policy fulfillment packet will be mailed to the agent.
 - The “mailed” date for the policy fulfillment packet is displayed on the Agent Portal under the Application Inquiry - click on the button to the far right that looks like a triangle with a yellow mark and review the “Policy Mail Date” field.
 - NOTE: In this scenario, the agent **cannot** access a policy fulfillment packet via the “Check the Status of All E-Applications” link on the Agent Portal
- If an E-APP is “signed” via the Electronic Signature option, the agent can access a policy fulfillment packet via the “Check the Status of All E-Applications” link on the Agent Portal
 - All applications signed via this method are mandatory e-delivery.
 - NOTE: Up-line managers are not currently able to access the electronic policy fulfillment packet written by their subagents.
- If an E-APP is “signed” via the SignPad or Voice Signature **AND** the agent provides a valid applicant email address, the agent can access a policy fulfillment packet via the “Check the Status of All E-Applications” link on the Agent Portal
 - All applications signed via this method, with a valid email, are mandatory e-delivery.
 - NOTE: Up-line managers are not currently able to access the electronic policy fulfillment packet written by their subagents.
- If an E-APP is “signed” via the SignPad or Voice Signature **BUT** the agent does not provide a valid applicant email address, the policy fulfillment packet is mailed
 - The agent has the option to select if the policy fulfillment packet is mailed to the Agent or Applicant.
 - NOTE: In this scenario, the agent **cannot** access a policy fulfillment packet via the “Check the Status of All E-Applications” link on the Agent Portal

An e-delivered policy fulfillment packet includes: Welcome Letter; Outline of Coverage; Guide to Health Insurance; Privacy Notices, if applicable; Signed Application; Associated Forms (i.e., replacement form, bank form, etc.) and the Issued Policy (with schedule page).

To access a completed policy packet via the “Check the Status of All E-Applications” link on the Agent Portal:

- Login into the Agent Portal, click the “Check the Status of All E-Applications” link under the Online E-APP section.
 - A list of all E-Applications will display (similar to the screen shot below).

- IMPORTANT: Agents must specify a date range in the search (Date From/Date To). Otherwise, the default is 30 days from the date of application and if the business was written more than 30 days ago, the search will not return anything.
- Click on the active hotlink “Applicant #” to access the electronic policy for download or print.
 - An e-delivered policy fulfillment packet will be available on the Agent Portal within one (1) business day of issue and continue to be accessible as long as the policy is in force (indefinitely).
 - If you have any issues, please contact the Administrative Office according to the Contact List at the beginning of this manual.



EVEREST

Text Size: **A** **A** **A**

Search Parameters **Q Search**

Applicant Last Name

Applicant #

Applicant Phone

Applicant User Login

Date From

Date To

Status ☐ Signed ☐ Unsigned ☒ All

Refresh |

AGENT NAME	USER LOGIN	LAST NAME	FIRST NAME	APPLICANT #	APPLICATION STATUS	APPLICANT PHONE #	DATE OF APPLICATION	REQUESTED EFF DATE	AGENT TOOLBOX	VIEW
AGENTPERSON, GARY	5952010007	BARDLEY	BILLY	5952010007	Signed	(888) 888-8888	02/06/2017	03/01/2017		
AGENTPERSON, GARY	5952010009	BLIMP	BERNIE	5952010009	Completed	(888) 888-8888	02/06/2017	03/01/2017		
AGENTPERSON, GARY	mikeymelts	MELTS	MIKEY	5952010010	Completed	(888) 888-8888	02/06/2017	03/01/2017		
AGENTPERSON, GARY	5953010013	AGENTPERSON	GARY	5953010013	Completed	(888) 888-8888	02/13/2017	03/01/2017		
AGENTPERSON, GARY		AGENTPERSON	GARY	5953010014	Signed	(888) 888-8888	02/13/2017	03/01/2017		
AGENTPERSON, GARY	gagentperson@iasadmin.com	AGENTPERSON	GARY	5953010015	Unsigned	(888) 888-8888	02/13/2017	03/01/2017		
AGENTPERSON, GARY		AGENTPERSON	GARY	5953010016	Unsigned	(888) 888-8888	02/13/2017	03/01/2017		
AGENTPERSON, GARY		AGENTPERSON	GARY	5953010017	Signed	(888) 888-8888	02/13/2017	03/01/2017		

Policy Delivery Receipt

If the policy fulfillment packet is sent to the agent for deliver, then a Delivery Receipt is required on all policies issued in: Kentucky; Louisiana; Nebraska; 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 the Company in the self-addressed envelope, which is also included in the policy package.

Guarantee Issue Rules

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

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

Note: All Plans we offer are not available Guaranteed Issue. Leaving an employer group voluntarily does not always create applicant eligibility for guarantee issue - state laws may vary. Please see state specific Guaranteed Issue checklist which outline qualifying events, documentation required for qualifying event and plans available for the qualifying event.

Guarantee Issue Situation	Client has the right to buy. . .
Client is in the original Medicare Plan and has an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays. That coverage is ending. Note: In this situation, state laws may vary.	Medigap Plan A, B, C, F, K or L that is sold in client's state by any insurance company. If client has COBRA coverage, client can either buy a Medigap policy right away or wait until the COBRA coverage ends.
Client is in the original Medicare Plan and has a Medicare SELECT policy. Client moves out of the Medicare SELECT plan's service area. Client can keep your Medigap policy or he/she may want to switch to another Medigap policy.	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.
Client's Medigap insurance company goes bankrupt and the client loses coverage, or client's Medigap policy coverage otherwise ends through no fault of client.	Medigap Plan A, B, C, F, K or L that is sold in client's state by any insurance company.

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 Replacement Questions section on the application; and
- Provide a copy of the letter of creditable coverage or 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 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 Oklahoma, provide proof of change in benefits from employer or group carrier.

MEDICARE ADVANTAGE (MA)

Medicare Advantage (“MA”) Annual Medicare Part C Election Period

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

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.

Replacing a Medicare Advantage Plan

Enrollment in Medicare Supplement insurance does NOT automatically disenroll an applicant from a Medicare Advantage plan.

Applicants should contact their current insurer or 1-800-Medicare to see if they are eligible to disenroll. Once the Medicare Supplement application has been approved, contact the MA plan to disenroll. Medicare Advantage and Medicare Supplement coverage cannot overlap, and there should be no gap in coverage, so request a plan effective date to coincide with the date existing coverage ends.

Medicare Advantage (MA) Proof of Disenrollment

If applying for 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.

If replacing a MA plan, the Underwriter generates an online message to the agent (see Message Center on Agent Portal) advising the applicant is approved and instructs the agent to commence with the MA disenrollment. The applicant's policy status is changed to "Submitted/ In Progress". On a weekly basis, the new business team will check Medicare.gov to monitor the status and only if the disenrollment is not confirmed, will we ask the agent to assist or to obtain a disenrollment letter. Once no duplicate coverage is confirmed, the policy is issued and activated, subject to any outstanding delivery requirements.

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.

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.

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 With Respect to Medicare Advantage Disenrollment

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

Note: *All Plans we offer are not available Guaranteed Issue.*

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 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 back if that carrier still sells it. If his/her former Medigap policy 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.

PREMIUM

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.
 - The following states utilize Community Rates: AR; CT; ME; MA; MN; NY; VT and WA.
- **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.
 - The following states utilize Issue-Age Rates: AZ; FL; GA; ID and MO.
- **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.
 - The following states utilize Attained-Age Rates: AL; AK; CA; CO; DC; DE; HI; IL; IN; IA; KS; KY; LA; MD; MI; MS; MT; NE; NV; NH; NJ; NM; NC; ND; OH; OK; OR; PA; RI; SC; SD; TN; TX; UT; VA; WI, WV and WY

Our General Administrative Rule – Initial 12 Month Rate Guarantee

The Company will not to adjust premium rates on an issued policy for 12 months from the effective date of coverage. Any premium adjustment approved by the state during the first 12 months, will be applied on the policyholder first anniversary date. After the first 12 months, if a premium rate adjustment is approved by the state, the policy premium will be adjusted on the next premium due date.

Calculating Premium

- Determine ZIP code where the client resides
 - Refer to the correct rate information in the Outline of Coverage for that ZIP code
- Determine Plan
- Determine if non-tobacco or tobacco
 - Unless otherwise noted in the state specific Medicare supplement rate sheets, Everest applies Non-tobacco/Tobacco rates accordingly for open enrollment and guaranteed issue applications
- Find Age/Gender
 - Verify that the age and date of birth are the exact age as of the effective date
- Use the following Modal Factors to Calculate the Correct Modal Premium based off of the Annual premium rate. NOTE: if the applicant is eligible for the Household Discount (HHD), use the model factor in the HHD Eligible column):

	<u>Non-HHD</u>	<u>HHD Eligible</u>
◦ Semi Annual:	0.50	0.465
◦ Quarterly:	0.25	0.2325
◦ Monthly (Bank Draft only):	0.08333	0.0775

- Add the Policy Fee (see explanation below)

Policy Fee

There will be a one-time Policy Fee of \$25.00 (sometimes referred to as an Enrollment Fee) in most states that will be collected with each applicant's initial payment (Policy Fee is \$6.00 in MS). This will not affect the renewal premiums. Refer to the rates published in the Outline of Coverage (or page one of the application) to determine applicable Policy Fee in your state.

NOTE: For declined and withdrawn applications (before a policy is issued), all premium is refunded, including the Policy Fee (if paid with the application). Not-Taken policies during the free look also encompass a complete refund of any premium paid (including the Policy Fee).

Household Discount

If the applicant answers "Yes" in the Household Discount box on page one (1) of the application, the individual must then complete the applicable Medicare Supplement Household Discount Form, located in the application packet.

The household discount is available to those who meet the criteria as noted on the Medicare Supplement Household Discount Form, located in the application packet. Specific language may vary by state.

In general, the Company will utilize the "cohabitation" version of the Household¹ Discount (HHD), whereby the qualifying adult does not need to have an Everest Medicare supplement policy. The applicant will qualify for the HHD if a qualifying adult²:

- Currently resides at the same address of the applicant and this can be verified by postal and tax records;
- There a permanent (not temporary) and full-time (not part-time) arrangement; and,
- The qualifying adult is not receiving disability benefits.

Pennsylvania applies a hybrid "cohabitation" & "multi-policy" version of HHD, refer to the state specific Medicare Supplement Household Discount Form, located in the application packet.

Illinois and Ohio apply a "multi-policy" version of HHD, refer to the state specific Medicare Supplement Household Discount Form, located in the application packet.

Key points:

- **For new applicants:** Everest provides the opportunity for the agent to calculate the applicable premium with the HHD using the quoting tool on our E-Application platform.
- **For existing policyholders:** If eligible for the HHD after a qualified adult purchases a new Everest Medicare supplement policy, the 7% HHD will be applied to their next premium payment.
- When triggered, Everest applies the discount to qualified Medicare Supplement policyholders.

¹ "Household" is defined as a condominium unit, a single family home, or an apartment unit within an apartment complex. Assisted Living Facilities, Group Homes, Adult Day Care facilities and Nursing Homes, or any other health residential facility, are not included in the definition of "Household"

² A qualifying adult may be required to have a legal relationship with the applicant.

³ This literature is descriptive only and is not a contract for insurance. The terms are subject to state approval.

⁴ A qualifying adult may be required to have a legal relationship with the applicant.

Completing the Premium on the Application

The payment mode is selected on the application, with the amount of modal premium indicated on the application. If an application is submitted without premium, the first modal premium and Policy Fee (if applicable) will be drafted on Issue Date or Effective Date as indicated on the bank draft authorization. If neither is selected on the bank draft authorization for the Initial Bank Draft, the first modal premium and policy fee will be drafted **upon effective date**.

The available premium payment modes are:

- Monthly: Bank Draft only
- Quarterly: Direct Bill or Bank Draft
- Semi-Annual: Direct Bill or Bank Draft
- Annual: Direct Bill or Bank Draft

Premium Receipt

Everest does not require a Conditional Receipt or Premium Receipt. However, agents have requested a Premium Receipt as applicants occasionally request documentation confirming premiums paid with the application. Agents can download and print a stand-alone Premium Receipt from any of the state folders on our Everest Supply Website or the Premium Receipt may be incorporated into the state specific application packets.

Bank Draft Authorization Form

If paying by bank draft, the Bank Draft Authorization Form must be completed.

Section 1 allows the applicant to specify a payment preference for both the initial and subsequent premiums. If there is any conflict between the initial draft date selected on the application and the initial draft date selected on the Payment Form, the Payment Form date will be used.

To help policyholders manage their financial matters, the applicant may select a draft date that will coincide with their Social Security deposit date as indicated in the chart below.

	Benefits Paid On
*Birth Date on 1st - 10 th	Second Wednesday**
*Birth Date on 11th - 20 th	Third Wednesday**
*Birth Date on 21st - 31 st	Fourth Wednesday**
Supplemental Security Income (SSI)	1st of the Month**
Beneficiaries who started receiving Social Security Benefits prior to May 1997 or who are receiving both SSI and Social Security	3rd of the Month**

**For beneficiaries who first started receiving social security May 1997 or later*

***If date falls on weekend or holiday, payment is made prior business day*

The option is also available to draft on a specific day of the month from 1 to 28. If this option is chosen and that day falls on a weekend or holiday the draft will occur the next business day. If a preferred draft day is not selected in section 1, all subsequent premiums will be drafted/charged on effective day.

Shortages

If premium is submitted with an application, any shortage of premium will be requested on delivery of the policy.

Refunds

The company will make all refunds to the payer in the event of rejection, incomplete submission, overpayment, cancellations, etc.

Our current administrative practice is not to adjust rates for the initial 12 months from the effective date of coverage.

NOTE: The Company does not accept post-dated checks, cash, agent or agency check, money orders, traveler's checks, initial or renewal premiums from a Third Party Payor that have no family or business relationship to the applicant or Foundations, except where prohibited by law.

Administration of Rate Increases

If a rate adjustment has been approved by a state, Everest will apply the following rules:

- An application with an Effective Date prior to [effective date of rate adjustment] will retain the “old” rate for the first policy year, as outlined in the “Our General Administrative Rule – Initial 12 Month Rate Guarantee” guideline above.
- If the Effective Date is on or after the [effective date of rate adjustment], then:
 - If the applicant signs the application on or after [effective date of rate adjustment], they will pay the new rate for the first year
 - If the applicant signs and submits the application BEFORE [effective date of rate adjustment], the applicant will pay the “old” rate for the first policy year, as outlined in the “Our General Administrative Rule – Initial 12 Month Rate Guarantee” guideline above.

In addition, be aware that after the “Initial 12 Month Rate Guarantee” period, state approved rate increases take effect on next premium due date, not on the next policy anniversary date. In “Attained Age” states, this could potentially result in an age increase on the policy anniversary date and then a subsequent state approved rate increase in the same year (this does not apply to “Issue Age” or “Community Rated” states).

One other clarification regarding rate increases. Everest does apply a “window” around an anniversary date increase. For example, if a monthly policy has a January 1st anniversary but is in a state with a February 1st state approved rate increase effective date, Everest applies a 3-month window to avoid month over month increases. So in that example, the state approved rate increase would not take effect until April 1st.

APPLICATION

Application Sections

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.

SECTION I. APPLICANT INFORMATION

- Please complete the applicant's name the way it appears on their Medicare card.
 - Agents may submit an application up to 6 months in advance on turning 65 applicants. However, the Everest E-APP does not have an option to bypass the Medicare claim number, which may not be available until 3 months before the individual turns 65. When this occurs, the agent can input the applicants SSN with the letter "A" added to the end. If the number turns out differently, the agent should be advised accordingly or advise the applicant that any initial claim will kick back when processed until the number is corrected in our system.
 - *NOTE: On paper applications, repeat above and notate that the Medicare number has yet to be received.*
- Complete the applicant's physical resident address in full.
- Complete the applicant's Date of Birth and current age. Please remember that age and premiums are based on the effective date and not the date the application was signed.
- Complete the applicant's physical resident address in full.
 - Agents working rural areas have noted the U.S. Post Office may not deliver to street addresses. The application specifically requests the "Resident Street Address (no PO Box)". However, if you do run into this situation, we still ask the agent to provide the Resident Street Address, but they may write "MAILING ADDRESS" on the application and indicate a P.O. Box which we would capture.
- Medicare Claim Number, also referred to as the Health Insurance Claim (HIC) number (or Medicare Beneficiary Identifier), is vital for electronic payment.
- The height and weight are required on all underwritten cases.

SECTION II. PLAN AND PREMIUM INFORMATION

- This entire section must be completed.
- Please indicate the plan applied for, the requested policy effective date, the payment mode and method, the modal premium amount and if the initial premium will be submitted with the application or will be drafted upon approval.

SECTION III. PLEASE ANSWER ALL ELIGIBILITY QUESTIONS

- The tobacco question must be answered for all Underwritten applications.
- The chart below indicates whether or not the tobacco question must be answered for Open Enrollment or Guaranteed Issue applications.
 - In states where the tobacco question must be answered, the T/NT question is located in the "PLEASE ANSWER ALL ELIGIBILITY QUESTIONS" section of the application. Everest charges tobacco rates when answered "Yes".
 - In states where the tobacco question cannot be answered, the T/NT question is located in the "MEDICAL QUESTIONS" section of the application. Everest charges nontobacco rates accordingly.

State	Tobacco question required
AL	Y
AZ	Y
CO	N
GA	Y
IA	N
IL	N
IN	Y
KS	Y
KY	N
LA	N
MI	N

State	Tobacco question required
MO	N
MS	Y
NC	N
NE	Y
OH	N
PA	N
SC	N
TN	N
TX	Y
VA	N

- Please indicate if the applicant is currently or will be covered under Part A & B of Medicare and the effective or eligibility dates.
- Please indicate if the applicant is applying during a guaranteed issue period. Please be sure to include proof of eligibility if the answer is yes.

SECTION IV. REPLACEMENT QUESTIONS

- Please verify if the applicant is receiving assistance through his/her state Medicaid program. If yes, please complete replacement question #2 appropriately.
- If the applicant is currently enrolled in a Medicare Advantage or Medicare Cost/HMO plan, complete replacement question #3 and include a completed replacement form.
- If the applicant is currently enrolled in another Medicare Supplement plan, please complete replacement question #4 and include a completed replacement form. If replacement question #4 is answered “yes”, then questions #4b must also be answered “yes” or a policy cannot be issued. The sale of more than one Medicare Supplement policy is prohibited by law.
- 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, please complete replacement question #5.
- Please note, for all applicants all replacement questions must be answered.

SECTION V. AGENT CERTIFICATION

- The agent should complete this section if he/she has sold the applicant any other health insurance policies currently in force or any that are no longer in force but have been sold to the applicant in the past 5 years.

SECTION VI. MEDICAL 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 if the plan selected is not available for GI, all health questions must be answered.

- *NOTE: In order to be considered eligible for coverage, all health questions must be answered “No”. If you are unsure how to answer a particular health question, you may refer to the Health Questions section in this manual or you may contact an Underwriter at the phone number in the Contact Information Section.*
- Please be sure to list any prescription medications taken or prescribed to the applicant in the last 2 years. Please be sure to indicate the dosage, frequency, the dates taken and the condition the medication was taken for. Incomplete information will result in automatic telephone interview.

SECTION VIII. AUTHORIZATION AND CERTIFICATION

- Please be sure that the applicant is signed and dated by both applicant and the agent. All agents must be appointed in the applicant’s resident state **and** the applicant’s signature state before a policy can be issued. If someone other than the applicant is signing the application (i.e. Power of Attorney), please make sure that they sign their name and indicate they have Power of Attorney. Please be sure to include copies of the papers appointing that person as the legal representative. If the Power of Attorney documents are more than 12 months old we will need an affidavit signed and notarized, except where prohibited by law.
 - *NOTE: POA signatures are only allowed for Medicare Supplement applications applying for guaranteed issue or open enrollment.*
- The HIPAA language required to solicit this product is included in the authorization section of the application, SECTION IX. AUTHORIZATION AND CERTIFICATION (section number may vary by state). This meets the regulatory requirements.

Submitting Paper Applications

Agents are strongly encouraged to utilize the “Upload Documents” feature via Agent Portal to submit paper applications and/or outstanding underwriting requirements. **Refer to Appendix C**

Everest also offers a Fax App Program whereby Agents are requested to use the approved “Fax Application Transmittal Cover Sheet”, accessed by clicking the “Fax Coversheet” link located under the Document(s) Manager section on the Everest Agent Portal. **Refer to Appendix B**

IMPORTANT: *DO NOT collect premium with an application that is being uploaded or faxed.*

Applications can also be mailed to Everest – refer to the mailing address provided on the Contact Info in the beginning of this manual.

IMPORTANT: *Agents have 21 days from the application sign date to submit an application, otherwise it will be considered “stale dated” and a new application will be required. Everest may allow exceptions if extenuating circumstances can be proven, but these exceptions are generally isolated to OE and GI cases.*

Declined Applications

Applications Will Be Declined For The Following Reasons:

- The applicant does not recall filling out the application.
- A family member filled out the application and the family member signed the application.
- A POA or other representative signed the application when the applicant was not in a Medicare Supplement Open Enrollment or Guaranteed Issue period.
- Unless otherwise identified, any “yes” answers to the medical and health questions, excluding the Tobacco question.

- The application was taken by an agent not licensed and contracted with Everest at the time of solicitation in the state of solicitation, with subsequent appointment approval.
 - If the application was taken prior to the appointment backdating time line allowed by the state, the application will be declined and a new application required.
 - *NOTE: Everest utilizes "Just-In-Time" appointing, so appointments, if applicable, are not submitted until the 1st piece of business is received for a specific state*
- The applicant is unable or unwilling to complete the telephone interview, if applicable.
- If additional forms requested by the underwriter are not submitted within the allotted timeframe.
- If the client is taking any of the drugs on the uninsurable medication list for the condition identified (see Company Medication Guideline Chart).
- If an applicant cannot provide the medical condition that a prescribed medication is treating and is unable to obtain the information from their physician
- If the application was submitted with a premium check from a third party payor that has no family or business relationship to the applicant, except where prohibited by law.
 - *NOTE: Renewal premium payments will not be accepted from a third party payor that has no family or business relationship to the applicant or Foundations, except where prohibited by law.*
- If the applicant is replacing a Medicare Advantage Plan and is unable to provide proof of disenrollment from the Medicare Advantage Plan.

Applicants requesting the reason for declination

- If an application is declined, both the agent and the applicant are notified.
 - The agent is sent an email directing them to the Agent Portal "Message Center".
 - The applicant is mailed a notification letter.
 - *NOTE: The notification will indicate if the declination is based on information obtained via: Application; Telephone Interview; Medical Records; or Medical History (i.e., doctor's statement, prior claims history from previous coverage, etc.)*
- If the reason for decline was non-medical or came from information listed on the application, we are able to release this information verbally to both the agent and applicant.
- If the reason for decline came from information the applicant disclosed during the phone interview, we will advise the applicant verbally or send "the reason for decline letter" directly to the applicant only. The request only can be made verbally or in writing by the agent or applicant.
- If the reason for decline came from medical records or information obtained directly from a physician – we will only release the reason for declination to a physician of the applicant's choice. This request should be in writing from the applicant only and specify the name, address and phone number of the physician. This request must also be signed by the applicant.

Withdrawn Applications

An applicant can request to withdraw their application anytime during the underwriting process in writing (or verbally if recorded with an Everest representative). The agent will be contacted when notification is received indicating the applicant wishes to have their application withdrawn. The writing agent will be given 10 business days in which to try to conserve the business.

If an applicant's premium check is returned by their financial institution, the application will be processed as Withdrawn (a returned check is considered written notification of the applicant's intent to withdraw their insurance application). The writing agent is not contacted about conserving the business in this situation.

A full refund of the premium submitted with a withdrawn application will be processed 30 days after the date the check was deposited (to ensure the check has cleared the bank). If an applicant requests the refund prior to that, the applicant's financial institution will be contacted to verify the check has cleared. The refund check and a letter confirming the application was withdrawn will be mailed to the applicant.

If an application is submitted without premium, a letter confirming the application was withdrawn will be mailed to the applicant.

Not Taken Insurance Policies

Applicants who have received an insurance policy without any outstanding delivery requirements will need to provide a signed written notice of their request not to take their issued insurance policy. The request can be in the form of the returned insurance policy appropriately marked they do not wish to keep the insurance policy or may be in the form of a signed letter or other written statement.

If the applicant was mailed an insurance policy with outstanding delivery requirements, and the delivery requirements are not received within the allotted timeframe, the insurance policy will be considered "Not Taken" and processed as such.

An applicant with a "Not Taken" insurance policy should be encouraged to return the insurance policy if they have not already done so.

In order to receive a full refund of premium, the request not to take the insurance policy must be either post-marked (if sent via mail) or received by our administrative office (if uploaded/faxed) within the 30-day free look period. A full refund of the premium for "Not Taken" insurance policies will be processed 30 days after the date the check was deposited (to ensure the check has cleared the bank). If the applicant requests the refund prior to that, the applicant's financial institution will be contacted to verify the check has cleared.

Thirty (30) Day Right To Examine and Return Policy (Free Look Period)

If, for any reason, an applicant is not satisfied with their policy, they may return it within 30 days after receiving it. The 30 day period begins when the policy is delivered to the client. Agents concerned about starting the clock may wish to utilize the Policy Delivery Receipt.

If returned during this period, the Policy will be void from its beginning and any premium paid will be refunded, less any claims paid.

If the effective date after the end of the Right To Review period, a request to cancel may still be submitted on or before the effective date. If received, it would be processed as a normal cancellation and not a free look cancellation. We would not use the terms "Null and Void", but rather the policy would just be "terminated". If the initial was submitted, it would be refunded.

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 decline Medicare supplement coverage if any of the health questions are answered "Yes." *However, Everest will accept applications if the heart/stroke or musculoskeletal/arthritis questions, #8(c) and #8(d) in the generic application (# may vary by state), are answered "Yes", subject to the underwriting review criteria outlined on pages 28-30.* For a list of uninsurable conditions and the related medications associated with these conditions, please refer to the Company Medication Guideline Chart.

IMPORTANT: Everest considers prescription usage as "treatment" for a medical condition.

Uninsurable Health Conditions

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

- AIDS
- Alzheimer's Disease
- ARC
- Cirrhosis
- Chronic Obstructive Pulmonary Disease (COPD)
- Other chronic pulmonary disorders to include:
 - Chronic Bronchitis
 - Chronic Obstructive Lung Disease (COLD)
 - Chronic Asthma
 - Chronic Interstitial Lung Disease
 - Chronic Pulmonary Fibrosis
 - Cystic Fibrosis
 - Sarcoidosis
 - Bronchiectasis
 - Scleroderma
- Emphysema
- Hepatitis C
- History of bypass surgery and currently taking a prescription blood thinner or antiplatelet
- Hospitalized within 3 years for Crohn's or Ulcerative colitis
- Kidney Disease
- Lupus - Systemic
- Motor Neuron Disease to include:
 - Amyotrophic Lateral Sclerosis (ALS)
 - Lou Gehrig's Disease
 - Primary Lateral Sclerosis
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Organ Transplant
- Osteoporosis with fracture
- Parkinson's Disease
- Other cognitive disorders to include:
 - Mild cognitive impairment (MCI)
 - Delirium
 - Organic Brain Disorder
- Spinal Stenosis

Other Items Resulting in Declinations

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

- If applicant's height/weight is outside the acceptable range in the HT/WT Table
- If an applicant has an Implantable Cardiac Defibrillators (ICD) or Cardiac Resynchronization Therapy (CRT) device implanted, regardless of time frame
- Use of supplemental oxygen
- Asthma requiring continuous use of three or more medications including inhalers
- Taking any medication that is administered in a physician's office (i.e. injections, IV or infusion medication)
- Advised to have surgery, medical tests, treatment or therapy
- Currently receiving physical therapy
- Taking three (3) or more blood pressure medications, with history of a heart condition
- Taking two (2) or more diuretic medications, with history of a heart condition
- Steroids taken in the past six (6) months for degenerative bone disease, crippling/disabling or rheumatoid arthritis
- Anti-seizure medications taken in the past six (6) months for degenerative bone disease, crippling/disabling or rheumatoid arthritis
- Narcotic Rx medication in the past six (6) months for degenerative bone disease, crippling/disabling or rheumatoid arthritis, if considered maintenance/continuous

Clarifying Comments (Considerations) on Select Medical Questions:

To assist agents, please refer to the comments with respect to certain medical questions on the Everest application.

Question: Are you currently or scheduled to be: hospitalized, admitted in a nursing home or assisted living facility; or receiving home health care?

Comment(s): Everest will consider an applicant living in a combo facility (senior apartment / independent living) provided they live independently and do not receive assistance from the nursing staff and are able to do their ADLs without limitations.

Question: Have you been advised by a physician that surgery may be required within the next twelve (12) months for cataracts?

Comment(s): Everest will decline those applicants that state the doctor has told them they can have the surgery whenever they are ready.

Question: Have you ever been: Diagnosed with emphysema, Chronic Obstructive Pulmonary Disease (COPD) or other chronic pulmonary disorders?

Comment(s): Asthma is considered chronic if the applicant is using oxygen, has used a nebulizer in the past 6 months or uses 2 or more unacceptable pulmonary medications. Everest will not accept an applicant that has used a nebulizer in the past 6 months. Commonly seen chronic pulmonary diseases include but are not limited to: chronic bronchitis; cystic fibrosis; black lung disease; asbestosis; interstitial lung disease; sarcoidosis; scleroderma; pulmonary fibrosis; and, mesothelioma.

Question: Have you ever been: Diagnosed with Alzheimer's disease, Dementia or any other cognitive disorder?

Comment(s): Everest will not accept an applicant taking the above medications for "memory" or "preventative".

Question: Have you ever been: Advised by a physician to have an organ transplant or have you ever had an organ transplant?

Comment(s): The interpretation of this question is internal organs. Consideration may be given to those applicants that have had cornea transplant.

Question: Within the past three (3) years: have you had or been treated for or been advised by a physician to have treatment for alcoholism, drug abuse, or for a mental or nervous disorder requiring psychiatric care?

Comment(s): Support group meetings, such as AA, are not consider as treatment for Alcoholism or drug abuse. Everest will not accept applicants currently seeing or have stopped seeing a psychiatrist in the last three (3) years. Everest will review the prescriber details on all drugs of interest returned on the prescription drug report for a mental or nervous disorder. If the prescriber is a psychiatrists and the medication was filled within the past three (3) years, the application will automatically be declined.

Question: Within the past three (3) years: Have you been hospitalized for treatment of Crohn's disease or ulcerative colitis?

Comment(s): Any treatment received for Crohn's or ulcerative colitis during an impatient hospitalization will not be accepted.

Question: Within the past two (2) years: Have you been advised, referred or prescribed by a physician any of the following services that have not been performed: to have surgery, diagnostic evaluation, or diagnostic testing (excluding mammograms, pap tests, colonoscopies, or PSA test which were advised for routine screening purposes); to see a medical specialist; or to receive occupational, speech or physical therapy?

Comment(s): Consideration for coverage may be given to those applicants that have a routine test advised unless there is a history related to one of our health questions. For example, a colonoscopy is considered a routine procedure for most, however, those applicants with a history of colon cancer or previous adverse results should wait until the test has been completed and they are aware of the results. Everest will not accept an applicant that has been advised to have a medical test that is exploratory in nature.

Question: Within the past two (2) years: Have you had or been treated for or been advised by a physician to have treatment for heart attack, heart disease, heart valve disease, coronary artery disease, carotid artery disease (not including high blood pressure), peripheral vascular disease, congestive heart failure, enlarged heart, stroke, brain hemorrhage, transient ischemic attacks (TIA) or heart rhythm disorders or do you have an implanted stent, cardiac defibrillator, or pacemaker?

Comment(s): Any conditions listed above can be considered after two (2) years with no complications, no events or changes/new medication added.

- Definition of "events" includes, but may not be not limited to, no acute or residual episodes resulting in:
 - Hospitalizations
 - ER visit
 - Urgent Care visit
- Definition of "changes/new medication added" includes, but may not be not limited to:
 - A change in Rx medication taken for a condition listed in this question (i.e. an Ace Inhibitor replaced with a Beta Blocker)
 - Any new Rx medication prescribed or taken for condition listed in this question
 - Exception:

- Brand vs. Generic with same frequency and dosage, not applicable
 - Nitroglycerin taken more than twelve (12) months ago, not applicable
- An increase in dosage for a Rx medication taken for a condition listed in this question
 - Consideration will be given for a decrease in dosage or taken off medication, provided it was recommended by the doctor
- EXCEPTION: Any applicant with a history of heart disease and on the following medications will not be considered:
 - Lasix >60mg/day
 - Taking three (3) or more blood pressure medications
 - Taking two (2) or more diuretic medications with the history of a heart condition
 - Any medication listed in the Company Medication Guideline Chart
- If an applicant had a stent(s) implanted more than two (2) years ago, consideration will be given if applicant is deemed “stable”
 - Stable is defined as:
 - Released from doctor’s care with no cardiac events in the past two (2) years
 - Definition of “events” includes, but may not be not limited to, no acute or residual episodes resulting in:
 - Hospitalizations
 - ER visit
 - Urgent Care visit
- If an applicant had a pacemaker implanted more than two (2) years ago, consideration will be given if applicant is deemed “stable” with no events
 - Stable is defined as:
 - No battery replacement for a pacemaker in the past sixty (60) days and applicant has been released from doctor’s care
 - No cardiac events in the past two (2) years
 - Definition of “events” includes, but may not be not limited to, no acute or residual episodes resulting in:
 - Hospitalizations
 - ER visit
 - Urgent Care visit

Question: Within the past two (2) years: Have you been treated for degenerative bone disease, crippling/disabling or rheumatoid arthritis or have you been advised by a physician to have a joint replacement that has not been performed?

Comment(s): Any conditions listed above can be considered after two (2) years with no complications or no events

- Definition of “events” includes, but may not be not limited to, no acute or residual episodes resulting in:
 - Hospitalizations
 - ER visit
 - Urgent Care visit
 - Any injections or infusions, including those received in a doctor’s office, associated with major joints (i.e., knee, hip, shoulder, etc.)
- Exception: For an applicant that has had a joint replacement, coverage can be considered after three (3) months from the surgery if the applicant has been released from their doctor’s care.

Everest will not consider an application if the question above is answered YES if:

- Applicant averaged more than two (2) chiropractic visits per month in the past six (6) months

- Applicant has been prescribed or used narcotic Rx medication in the past six (6) months, if considered maintenance/continuous
- There has been any Rx medication prescribed or taken in the past six (6) months for any of the conditions listed above if they fall into the following categories:
 - Steroids
 - Anti-seizure medications
- If in the past two (2) years, a doctor has recommended an increased dosage or change of a Rx medication for a condition listed in this question
 - Consideration will be given for a decrease in dosage or if the applicant was taken off medication, provided it was recommended by the doctor
- Applicant with a history arthritis or Degenerative Bone Disease is taking the following Rx medications with the listed (or higher) dosage:
 - Any medication listed in the Company Medication Guideline Chart
- We will not accept an applicant that has received any injections/infusion of a medication listed in the Company Medication Guideline Chart for a degenerative bone disease or arthritis:

We will not accept an applicant that is considering or currently receiving treatment from a pain clinic or has received treatment from a pain clinic in the past two (2) years.

We will not accept an applicant that has a pain stimulator, is receiving or has received in the past two (2) years, nerve blocks, injections and/or infusions that are directly related to degenerative bone disease, crippling/disabling or rheumatoid arthritis.

Company Medication Guideline Chart

Company Medication Guideline			
This list is not all-inclusive. An application should not be submitted if a client is taking any of the following medications:			
Drug	Uninsurable Health Condition	Drug	Uninsurable Health Condition
3TC	AIDS	Cycloset	Parkinson's
Abacavir	HIV	Cyclosporine	Organ Transplant, Cancer, Rheumatoid Arthritis
Abarelix	Cancer	Cycrin	Cancer
Abatacept	Degenerative Bone Disease, Arthritis	Cytoxan	Cancer, Rheumatoid Arthritis, Lupus
Acamprosate	Alcohol Abuse	D4T	AIDS, HIV
Actemra	Rheumatoid Arthritis	Darunavir	AIDS, HIV
Adriamycin	Cancer	DDC	AIDS, HIV
Akineton	Parkinson's	DDL	AIDS, HIV
AL-721	AIDS, HIV	Delavirdine	AIDS, HIV
Albuterol/ipratropium	COPD, Emphysema	Depade	Opioid or Alcohol Detox
Alkeran	Cancer	Depo-Provera	Cancer
Altretamine	Cancer	Didanosine	AIDS, HIV
Amantadine	Parkinson's	Disulfiram	Alcohol Abuse
Amen	Cancer	Donepezil	Dementia
Anakinra	Rheumatoid Arthritis	Dopar	Parkinson's
Antabuse	Alcohol Abuse	Doxorubicin	Cancer
Anti-seizure medications	Degenerative Bone Disease, Arthritis	Dronabinol	Cancer
Apokyn	Parkinson's	Droxia	Cancer
Apomorphine	Parkinson's	DuoNeb	COPD, Emphysema
Aptivus	AIDS, HIV	Duopa	Parkinson's
Arava	Rheumatoid Arthritis	Efavirenz	AIDS, HIV
Aricept	Dementia	Eldepryl	Parkinson's
Artane	Parkinson's	Eligard	Cancer
Astagraf	Myasthenia Gravis, Organ Transplant	Embrel	Degenerative Bone Disease, Arthritis
Atamet	Parkinson's	Emtricitabine	AIDS, HIV
Atazanavir	HIV	Emtriva	AIDS, HIV
Atripla	AIDS, HIV	Enbrel	Rheumatoid Arthritis
Atrovent	COPD, Emphysema	Endantadine	Parkinson's
Auranofin	Rheumatoid Arthritis	Enfuvirtide	AIDS, HIV
Aurolate	Severe Arthritis	Entacapone	Parkinson's
Aurothioglucose	Rheumatoid Arthritis	Envarsus	Myasthenia Gravis, Organ Transplant
Avonex	Multiple Sclerosis	Epivir	AIDS
Azasan	Rheumatoid Arthritis, Kidney Transplant	Epoetin Alfa	Chronic Kidney Disease, HIV, Cancer
Azathioprine	Rheumatoid Arthritis, Kidney Transplant	Epogen	Chronic Kidney Disease, HIV, Cancer
Azilect	Parkinson's	Eprex	Chronic Kidney Disease, HIV, Cancer
AZT	AIDS, HIV, Hepatitis	Ergamisol	Cancer
Azulfidine	Rheumatoid Arthritis	Ergoloid Mesylates	Dementia
Badlofen	Multiple Sclerosis	Estinyl	Cancer
BCG	Bladder Cancer	Etanercept	Rheumatoid Arthritis
Benzotropine	Parkinson's	Ethinyl Estradiol	Cancer
Betaseron	Multiple Sclerosis	Ethopropazine	Parkinson's
Bicalutamide	Prostate Cancer	Etopophos	Cancer
Biperiden Hydrochloride	Parkinson's	Etoposide	Cancer
Blenoxane	Cancer	Euflex	Cancer
Bleomycin	Cancer	Eulexin	Cancer
Bloxiverz	Myasthenia Gravis	Exelon	Dementia
Bromocriptine	Parkinson's	Extavia	Multiple Sclerosis
Busulfan	Cancer	Filgrastim	Cancer
Busulfex	Cancer	Fluphenazine	Psychosis
Caelyx	Cancer	Flutamide	Cancer
Campral	Alcohol Abuse	Fortovase	AIDS, HIV
Carbex	Parkinson's	Fosamprenavir	HIV
Carbidopa	Parkinson's	Foscarnet sodium	AIDS, HIV
Carbivex	Parkinson's	Foscavir	AIDS, HIV
Carboplatin	Cancer	Furosemide (>60mg/day)	Heart Disease
Casodex	Prostate Cancer	Fuzeon	AIDS, HIV
CCNU	Cancer	Gabapentin	Degenerative Bone Disease, Arthritis
CellCept	Myasthenia Gravis, Organ Transplant	Gablofen	Multiple Sclerosis
Certolizumab Pegol	Rheumatoid Arthritis	Galantamine	Dementia
Chlorambucil	Cancer, Kidney Transplant, Rheumatoid Arthritis	Gengraf	Organ Transplant, Cancer, Rheumatoid Arthritis
Chlorotrianisene	Cancer	Geodon	Schizophrenia
Chlorpromazine	Psychosis, Schizophrenia	Glatiramer	Multiple Sclerosis
Cimzia	Rheumatoid Arthritis	Glatopa	Multiple Sclerosis
Cisplatin	Cancer	Gleevec	Cancer
Cogentin	Parkinson's	Gleostine	Cancer
Cognex	Dementia	Gold Sodium Thiomalate	Severe Arthritis
Combivent	COPD, Emphysema	Golimumab	Rheumatoid Arthritis
Combivir	AIDS	Goserelin	Cancer
Comtan	Parkinson's	Granix	Cancer
Copaxone	Multiple Sclerosis	Haldol	Psychosis
Coviracil	AIDS, HIV	Haloperidol	Psychosis
Crixivan	AIDS, HIV	Hecoria	Myasthenia Gravis, Organ Transplant
Curretab	Cancer	Herceptin	Cancer
Cyclophosphamide	Cancer, Rheumatoid Arthritis, Lupus	Hexalen	Cancer
Cycloserine	Tuberculosis	Hivid	AIDS, HIV

Company Medication Guideline Chart

Company Medication Guideline			
This list is not all-inclusive. An application should not be submitted if a client is taking any of the following medications:			
Drug	Uninsurable Health Condition	Drug	Uninsurable Health Condition
Humira	Degenerative Bone Disease, Arthritis	Ondansetron	Cancer
Hydergine	Dementia	Orencia	Rheumatoid Arthritis
Hydrea	Cancer	Otrexup	Severe Arthritis, Cancer
Hydroxychloroquine	Rheumatoid Arthritis	Oxygen	COPD, Emphysema
Hydroxyurea	Cancer	Paliperidone	Schizophrenia
IDV	AIDS, HIV	Paraplatin	Cancer
Imatinib	Cancer	Parcopa	Parkinson's
Imuran	Rheumatoid Arthritis, Kidney Transplant	Parlodel	Parkinson's
Indinavir	AIDS, HIV	Parsidol	Parkinson's
Infliximab	Rheumatoid Arthritis	Pergolide Mesylate	Parkinson's
Insulin > 100 units per day	Diabetes Mellitus	Peridol	Psychosis
Interferon	AIDS, HIV, Cancer, Multiple Sclerosis, Hepatitis	Permax	Parkinson's
Interferon Alfa-2a	AIDS, HIV, Cancer	Permitil	Psychosis
Interferon Beta 1a	Multiple Sclerosis	Plaquenil	Rheumatoid Arthritis
Interferon Beta 1b	Multiple Sclerosis	Platinol	Cancer
Invega	Schizophrenia	Plenaxis	Cancer
Invrase	AIDS, HIV	Pramipexole	Parkinson's
Ipratropium	COPD, Emphysema	Prednisone (>10mg/day)	Severe Arthritis, Lupus, Chronic Lung Disease
Kaletra	HIV	Prezista	AIDS, HIV
Kemadrin	Parkinson's	Procrit	Chronic Kidney Disease, HIV, Cancer
Kineret	Rheumatoid Arthritis	Procyclidine	Parkinson's
Lamivudine	AIDS	Prograf	Myasthenia Gravis, Organ Transplant
Larodopa	Parkinson's	Prolia	Degenerative Bone Disease, Arthritis
Lasix > 60mg/day	Heart	Prolixin	Psychosis
L-Dopa	Parkinson's	Prostigmin	Myasthenia Gravis
Leflunomide	Rheumatoid Arthritis	Provera	Cancer
Leukeran	Cancer, Kidney Transplant, Rheumatoid Arthritis	Pyridostigmine	Myasthenia Gravis
Leuprolide	Cancer	Rasagiline	Parkinson's
Levamisole Hydrochloride	Cancer	Rasuvo	Severe Arthritis, Cancer
Levodopa	Parkinson's	Rayos	Severe Arthritis, Lupus, Chronic Lung Disease
Lexiva	HIV	Razadyne	Dementia
Lioresal	Multiple Sclerosis	Rebif	Multiple Sclerosis
Lodossyn	Parkinson's	Reclast	Hypercalcemia Caused by Cancer
Lomustine	Cancer	Regonol	Myasthenia Gravis
Lopinavir	HIV	Remicade	Rheumatoid Arthritis
Lupron	Cancer	Reminyl	Dementia
Lyrica	Degenerative Bone Disease, Arthritis	Requip	Parkinson's
Maraviroc	HIV	Rescriptor	AIDS, HIV
Marinol	Cancer	Retrovir	AIDS, HIV, Hepatitis
Medroxyprogesterone Acetate	Cancer	ReVia	Opioid or Alcohol Detox
Megace	Cancer	Revataz	HIV
megestrol	Cancer	Rheumatrex	Severe Arthritis, Cancer
Mellaril	Psychosis, Dementia	Ridaura	Rheumatoid Arthritis
melphalan	Cancer	Rilutek	ALS - Amyotrophic Lateral Sclerosis
memantine	Dementia	Riluzole	ALS - Amyotrophic Lateral Sclerosis
Mestinon	Myasthenia Gravis	Risperdal	Psychosis, Schizophrenia
Methotrexate (>25mg/wk)	Severe Arthritis, Cancer	Risperidone	Psychosis, Schizophrenia
Minocin	Rheumatoid Arthritis	Ritonavir	AIDS, HIV
Minocycline	Rheumatoid Arthritis	Rituxan	Rheumatoid Arthritis
Mirapex	Parkinson's	Rituximab	Rheumatoid Arthritis
Mitomycin	Cancer	Rivastigmine	Dementia
Mitoxantrone	Multiple Sclerosis, Cancer	Roferon-A	AIDS, HIV, Cancer
Modecate	Psychosis	Ropinirole	Parkinson's
Moditen	Psychosis	Rotigotine	Parkinson's
Mutamycin	Cancer	Rubex	Cancer
Mycophenolate	Myasthenia Gravis, Organ Transplant	Rytary	Parkinson's
Myfortic	Myasthenia Gravis, Organ Transplant	Sandimmune	Organ Transplant, Cancer, Rheumatoid Arthritis
Myleran	Cancer	Saquinavir	AIDS, HIV
Myochrysine	Severe Arthritis	Selegiline	Parkinson's
Naltrexone	Opioid or Alcohol Detox	Selzentry	HIV
Namenda	Dementia	Seromycin	Tuberculosis
Natalizumab	Multiple Sclerosis	Simponi	Rheumatoid Arthritis
Natrecor	Congestive Heart Failure	Sinemet	Parkinson's
Navane	Psychosis	Solganal	Rheumatoid Arthritis
Nelfinavir	AIDS, HIV	Spiriva	COPD, Emphysema
Neoral	Organ Transplant, Cancer, Rheumatoid Arthritis	Stalevo	Parkinson's
Neosar	Cancer, Rheumatoid Arthritis, Lupus	Stavudine	AIDS, HIV
Neostigmine	Myasthenia Gravis	Stelazine	Psychosis, Schizophrenia
Nesiritide	Congestive Heart Failure	Sterapred	Severe Arthritis, Lupus, Chronic Lung Disease
Neupogen	Cancer	Streptozocin	Cancer
Neupro	Parkinson's	Sulfasalazine	Rheumatoid Arthritis
Nevirapine	AIDS, HIV	Sustiva	AIDS, HIV
Nitroglycerin	Heart (taken within past twelve (12) months)	Symadine	Parkinson's
Norvir	AIDS, HIV	Symmetrel	Parkinson's
Novantrone	Multiple Sclerosis, Cancer	Tace	Cancer
Oncovin	Cancer	Tacrine	Dementia

Company Medication Guideline Chart

Company Medication Guideline			
This list is not all-inclusive. An application should not be submitted if a client is taking any of the following medications:			
Drug	Uninsurable Health Condition	Drug	Uninsurable Health Condition
Tacrolimus	Myasthenia Gravis, Organ Transplant	Trizivir	HIV
Tasmar	Parkinson's	Truvada	HIV
Tenofovir	AIDS, HIV	Tysabri	Multiple Sclerosis
Teslac	Cancer	Uprima	Parkinson's
Tespa	Cancer	Valcyte	HIV
Testolactone	Cancer	Valganciclovir	HIV
THC	Cancer	VePesid	Cancer
Theophylline	COPD, Emphysema	Videx	AIDS, HIV
TheraCyx	Bladder Cancer	Vincasar	Cancer
Thioplex	Cancer	Vincristine	Cancer
Thioridazine	Psychosis, Dementia	Viracept	AIDS, HIV
Thiotepa	Cancer	Viramune	AIDS, HIV
Thiothixene	Psychosis	Viread	AIDS, HIV
Thorazine	Psychosis, Schizophrenia	Vivitrol	Opioid or Alcohol Detox
Tice	Bladder Cancer	Zalcitabine	AIDS, HIV
Tiotropium	COPD, Emphysema	Zanosar	Cancer
Tipranavir	AIDS, HIV	Zarxio	Cancer
Tocilizumab	Rheumatoid Arthritis	ZDV	AIDS, HIV, Hepatitis
Tolcapone	Parkinson's	Zelapar	Parkinson's
Toposar	Cancer	Zerit	AIDS, HIV
Trastuzumab	Cancer	Ziagen	HIV
Trelstar	Cancer	Zidovudine	AIDS, HIV, Hepatitis
Trexall	Severe Arthritis, Cancer	Ziprasidone	Schizophrenia
Trifluoperazine	Psychosis, Schizophrenia	Zofran	Cancer
Trihex	Parkinson's	Zoladex	Cancer
Trihexyphenidyl	Parkinson's	Zoledronic Acid	Hypercalcemia Caused by Cancer
Triptorelin	Cancer	Zometa	Hypercalcemia Caused by Cancer

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 the Company and attached to the policy to make it part of the contract.

Electronic Payment Authorization Form (Bank Draft)

If premiums are paid by automatic bank draft, complete this form.

If the initial premium is collected with the application, affix the Voided Check to the Electronic Payment Authorization Form, not to any page on the application. *DO NOT submit applications via the Faxed Application or Document Upload process if the initial premium was collected with the application.*

Household Discount Form

If an applicant requests the household premium discount be applied to their policy, they must provide the information on the state specific HHD form in the Application Packet.

Replacement Form

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

Proof of Eligibility for Guarantee Issue

If applying for guaranteed issue, proof of guaranteed issue rights must be submitted with all applications. Please refer to the state specific Guaranteed Issue Checklist located on the State Forms/Document (supply) website, which describes the proof that is acceptable.

Disenrollment Letter

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

AMENDMENTS

An Amendment to the application will be generated for the following reasons:

- Any question left blank (a new application will be required if four or more questions are left blank)
- Any question answered incorrectly on the application (as determined in the phone interview)
- An error or unclear answer for the date of birth or plan being applied for
- Application sign date is left blank or is altered
- The "signed at" information is left blank or is incorrect
- A change made to the application is not initialed by the applicant
- Premium calculation error (if the first month's premium is to be paid via bank draft and we are unable to contact the client to get approval)
- Draft date error (if the application requests a draft date that we cannot accommodate and we are unable to reach the applicant for approval)

STATE SPECIAL FORMS

Forms specifically mandated by the states to accompany the application.

Florida

Agent Certification – The Agent Certification must be completed and submitted with all applications.

Illinois

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

Kentucky

Medicare Supplement Comparison Statement – The Comparison Statement must be completed and submitted when replacing a Medicare supplement or a Medicare Advantage plan.

Ohio

Medicare Supplement Insurance Solicitation Notice – The Solicitation Notice must be completed and submitted with all applications. A copy of this form must be left with the applicant.

Guaranty Associations

Everest Reinsurance Company (Everest) is required to be members of the various states' guaranty funds based on the lines of insurance the company is licensed to write in that jurisdiction. Each state sets-up the various guaranty funds a little differently. Some include life with health; others have a separate life association. If a state has some type of health guaranty association (however they call it), then Everest is a member if offering health (disability/accident & health) insurance line(s) of authority in that jurisdiction.

E-APPLICATION OPTIONS

If you are completing a tele-sale, be advised that national and corporate do-not-call rules and other compliance requirements apply. For more details about Everest's E-APP, refer to the **Online E-Application User Guide** located on the Everest Agent Portal

Agents may be hesitant to use an E-APP system without advanced training. Therefore, Everest created an "[E-APP Training Sandbox](#)", located under the Online E-App section of the Everest Agent Portal. Agents can create pseudo (fake) applications to get a feel for the process associated with open enrollment, underwritten or guaranteed issue cases.

Agents cannot access an E-APP for a state unless Everest has validated their state license in the system. In other words, if an agent is attempting to write an E-APP in a state not set up at Everest, then we need the Recruiting Manager to execute the "ADD STATE LICENSE" in eProducerPortal (the online contracting system) for the agent.

Once the license is provided and validated, the license data is transmitted to our operating system – this usually takes a day. In exception situations, the process can be accelerated by manually adding the license data in our operating system, but if not done prior to 1:00pm, the agent will need to wait for the next day. Keep in mind that the 1:00pm refresh cycle may take time to run – do not expect instantaneous updates.

Three (3) E-App signature options available:

1. Digital Signature (select "Signature Pad" option on E-APP)
 - Client signs the application with a mouse or finger pad
2. Click & Accept (select "Electronic Signature" option on E-APP)
 - Once the agent completes the application process, the system will generate an email to the applicant, who enters website with credentials and follows the click accept process
 - This is the only E-APP signature option that mandates a valid email address as the system must send an email to the applicant with a link (and credentials) to login and complete the signature process.

IMPORTANT: If the agent selects this signature option, the system generates an email to the applicant after the agent helps "Create a UserID" (see red box in the screen shot below) for the applicant. The UserID is included in the system generated email. If the applicant does not receive the email, there are two options:

1. Return to the E-APP and click the available "Re-Send Email" button; or,
2. Direct the applicant to <http://considermyapp.com/everest> (see green box in the screen shot below). Once accessed, the applicant enters the UserID to complete the signature process. The "Consider My App" link is also located on www.everestre.com/medicaresupplement

Register Apply Review Sign Finish

Review

We Protect your Privacy
Need Assistance? Everest Reinsurance Company
1-844-301-0395

Applicant's Name: JOHN A. TEST

You must check the "checkbox" to continue.

☐ I attest that I am the agent of record and all information taken was accurate to what was provided by the applicant.

Please enter the applicant's email address. JTEST@TEST.COM

Create a UserID: JTEST@TEST.COM Send UserID via Email

You have indicated that the applicant has opted for the electronic process. If this was done in error please [click here](#) to opt out of the electronic process.

The information that you have provided has been placed into the application for insurance and other required forms below. The same documents that are available to the applicant are available below for your records or to assist with any questions. Once the documents have been signed they will no longer be available for your review.

An email will be sent to the applicant with a link to the website when you create their User ID. Once the applicant is on the website, they will need to enter the User ID provided to them in the email. They will need to confirm their date of birth and telephone number. They will also be required to create and confirm a password.

If the applicant does not receive the email with the link to the website, please provide the link below to them.

<http://considermyapp.com/everest>

If approved for coverage, the User ID and password can be used in the future if the applicant wants to access their policy information online.

Following the registration process, the applicant will be directed to a page to state their consent to sign the application electronically. They should

3. Wet Signature (select "Print Documents" option on E-APP)
 - Agent uses E-App system to complete the application process, but prints a copy for applicant to sign and submits via mail/upload/fax

For pre-authorized Call Center Operations* only.

1. Voice Signature (select "Voice Signature" option on E-APP)
 - Agent uses E-App system to complete the application process and upon submission, the agent is provided access for the completion of a Voice Signature to complete the application process.
 - See Appendix B (charts A & B) for a flow diagram of our Voice Signature process
2. Click & Accept (select "Electronic Signature" option on E-APP) - *mentioned above*

**The Company defines a Call Center Operation as a centralized office or facility equipped to handle large amounts of customer telephone requests for an organization. A call center handles telephone communications with prospective and existing customers. A call center facility provides ample workspace for a large number of employees, typically referred to as "call agents," to administer telephone-based sales and service with customers. These call centers generally utilize a call center suite, which includes tools for telephone switch functionality, intelligent routing, automatic call distribution, interactive voice response (IVR), outbound dialing, voice mail and other components.*

Miscellaneous E-APP Q&A:

Question: Would there ever be a situation where an E-APP would be pending the receipt of a "Replacement Form?"

Comment(s): The only reason we would need to collect a Replacement Form on delivery is because the agent failed to answer the replacement question(s) correctly (i.e., answered "No"; etc.). This would lead to the Replacement Question being skipped or not presented during the original E-APP process

Question: Would there ever be a situation where an E-APP would not collect the applicable banking information required for monthly EFT premium billing?

Comment(s): There are three (3) reasons why the proper bank account & routing number fields are not displayed during the original E-APP:

1. The agent indicated the applicant is not an authorized signer on the bank account and if the applicant was not an authorized signer, it stands to reason that we need a wet signature from someone who is a signer.
 - If the applicant is a signer, that means the agent answered the question incorrectly
2. The agent selected "direct bill" for the payment mode, when in fact the applicant wanted or needed to pay monthly EFT
 - In this case, Everest would need a Bank Authorization on delivery if:
 - The applicant changed their mind
 - The agent incorrectly completed this section by answering the question incorrectly
3. The agent input a HT/WT value outside of Everest's acceptable limits, prompting the system to not present these field because the application will be declined

Question: Does an agent, who did not have internet access while with the client, and thus took a “paper” application, have any method of submission once back at their office to still earn credit for an e-app and any eligible E-APP bonus?

Comment(s): An agent could take a paper application and upon returning to the office:

1. Access and login to the Everest Agent Portal
2. Complete an E-APP on their own, by inputting the information from the paper application (*it is imperative the data be entered exactly the same way*)
3. Agent then selects the “**Print Documents**” signature option
4. At this point, the system requires the agent to print out the “Auto-populated E-APP”
5. The agent must then replace the signature pages from the original “paper” application with the signature pages on the “Auto-populated E-APP”
6. Once the pages are replaced, they then upload the “Auto-populated E-APP” (with wet signature pages) via the **Document(s) Upload** section on the Everest Agent Portal.

*NOTE: If all the agent does is upload the paper application via the **Document(s) Upload** section (without creating an E-APP), then it is still considered a paper application.*

Appendix A

Available plans from Everest Reinsurance Company

State	Plans Available for Under 65	Plans Available Pre 65 (Insured must be disabled)	Plans Available for 65 +
AL	NO	N/A	A, C, D, F, G, N
AZ	NO	N/A	A, C, D, F, G, N
CO	YES	A, C, D, F, G, N	A, C, D, F, G, N
GA	YES	A, C, D, F, G, N	A, C, D, F, G, N
IL	YES	A, C, D, F, G, N	A, C, D, F, G, N
IN	NO	N/A	A, C, D, F, G, N
IA	NO	N/A	A, C, D, F, G, N
KS	YES	A, C, D, F, G, N	A, C, D, F, G, N
KY	YES	A, C	A, C, D, F, G, N
LA	YES	A, C, D, F, G, N	A, C, D, F, G, N
MI	NO	N/A	A, C, D, F, G, N
MS	YES	A, C, D, F, G, N	A, C, D, F, G, N
MO	YES	A, C, D, F, G, N	A, C, D, F, G, N
NE	NO	N/A	A, C, D, F, G, N
NC	YES	A, C	A, C, D, F, G, N
OH	NO	N/A	A, C, D, F, G, N
PA	YES	A, B, C, D, F, G, N	A, B, C, D, F, G, N
SC	NO	N/A	A, C, D, F, G, N
TN	YES	A, C, D, F, G, N	A, C, D, F, G, N
TX	YES	A	A, C, D, F, G, N
VA*	NO	N/A	A, C, D, F, G, N

*Pending state approval

Appendix B

Fax Application Transmittal Cover Sheet



Fax Application Transmittal Cover Sheet

IMPORTANT:

- If possible, please submit applications using the "Upload Documents" link via **Document(s) Upload on the Agent Portal – see page 2 for an outline**
- Use this transmittal cover sheet for **NEW** application submissions
 - If submitting outstanding requirements (i.e., replacement forms, 2nd applications, etc.) or corrections for an existing application, utilize the "Upload Documents" feature via **Document(s) Upload on the Agent Portal**
 - Please utilize a new transmittal cover sheet for each different application
 - Only applications paying the initial premium by bank draft should be faxed
 - **DO NOT** collect premium with an application that is being faxed
 - Do not mail in applications/forms once you have faxed them, original copies should be maintained in case of fax transmission problems
 - Complete all Agent information in the box below

Fax **NEW** application submissions **ONLY** to: 1-855-226-4101

Agent Name: _____ Agent Writing # 0000 _____

Agent Phone Number: _____ Agent Fax Number: _____

Total number of pages being faxed (include cover sheet): _____

Forms sequence:

- ☐ Application
- ☐ Replacement form (if applicable)
- ☐ Other state specific required forms (if applicable)
- ☐ Guaranteed Issue documentation (if applicable)
- ☐ Signed bank draft authorization
- ☐ Copy of a voided check or deposit slip on a separate sheet of paper

Applicant First & Last Name	Plan Applied For:	Initial Premium Amount to be drafted

All application questions should be directed to the Underwriting Department at 1-844-301-0395, select Option #4 and then Press #2

Appendix C

Upload Applications via Agent Portal (preferred over Fax App)

SUBMIT EVEREST PAPER APPLICATIONS ONLINE

If possible, please submit paper applications using the "Upload Documents" link via Document(s) Upload on the Agent Portal

- Log into the Everest Agent Portal and click on the "Upload Document(s)" link (red box)



- Select "New Business" from the Department drop down
- Select "New Application & Documents" from the Document Type drop down
- Type in TBD in the Application/Policy# field
 - If submitting a "Wet Signature" application from the E-Application platform, enter the Application number provided by the E-App system
- Type the Applicant Name in the Applicant/Insured Name field
- Click a "Browse" button (blue box) then locate and upload the application file
 - The upload is completed when the file name displays in the field
- Complete the process by clicking the "Upload File(s)" button (green box)



NOTE: Agents do not receive an email confirmation when they upload an application. However, they will be able to confirm a successful upload by viewing the "View Uploaded Document(s)" link (red box).

Appendix D

Registering for the Everest Agent Portal

Welcome Email

- Once Everest validates a newly submitted contract:
 - A "Pending" Producer Status is assigned
 - An email, displayed below, is system generated
 - This email is sent to the: Producer; Direct Reporting Manager; Everest Assigned User; and, Field Marketing Organization
 - This email contains:
 - A link to the Everest Agent Portal – see red box
 - A six (6) digit "Agent Portal Registration Code" - see red circle

Dear \$ProducerName,

We previously notified you of your successful completion of the contracting request for \$CarrierName and that we had assigned your contract application to a staff member for review.

Based on our review, we are tentatively approving your application for contract and will be placing your contract in a "Pending" status.

Your Producer ID Number is: \$ClientProducerCode. Please place this Producer ID Number on any new business submitted.

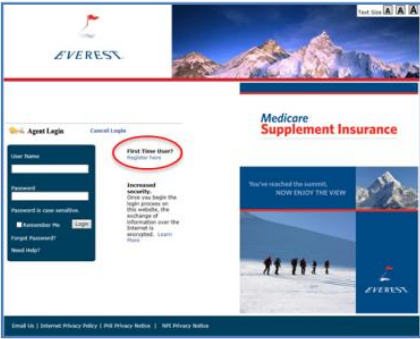
When you submit your first piece of business, relevant background checks will then be requested. In the unlikely event that your background check reveals significant negative activity, your contract request may be denied and your new business application returned to you. Once your background is approved, your contract will then be executed and your permanent Producer ID Number assigned, which may be the same as the Producer ID Number reflected above.

You are now eligible to click on the Everest Agent Portal for access forms, information and the E-Application platform. Just register by entering the following web generated Agent Portal Registration Code: \$WebRegCode. NOTE: You may need to allow 24-48 hours for your web generated Registration Code to be activated as this information will be transmitted to the controlling system this evening.

If you have any questions regarding the process, please contact \$DirectReportingManager at \$DirectReportingManagerEmail or you may contact us at: \$AssignedUserEmail.

Thank you for your interest in our company. We look forward to working with you.

Register Here



- If you cannot locate the email referenced in the prior slide, you can click on the following link (or copy & paste in your URL)
 - <https://service.iasadmin.com/gateway/login.aspx?pp=plMI&pn=Ri&y1tv0=n>
- This link accesses the Everest Agent Portal 'Agent Login' page
- On the Agent Login screen
 - Click the "Register here" link under the question, First Time User?
 - see red circle

Enter Registration Detail



- Populate the requested fields
 - Create a UserID
 - We suggest your email address or Everest Producer Code (Agent#)
 - Password (re-type)
 - We suggest the same Password created for eProducerPortal (Everest contracting website)
 - Email (re-type)
 - Tax ID Number
 - Enter Tax ID if contracted as a Corporation
 - Enter SSN if contracted as an Individual
 - Checkmark the box for access to:
 - Commission statements
 - E-Application platform
 - **NOTE: If providing Agent Portal access to employees and you do not wish to grant access to commission nor write E-Apps, do not check the box – see slide #7**
 - Enter the "Agent Portal Registration Code"
 - This code is in your Welcome Email (see slide #2)
 - If unable to locate the Welcome Email, this code is located at the bottom of your eProducerPortal "Personal" screen
 - Call your Direct Reporting Manager or email EPPTeam@iasadmin.com for help

Enter Registration Detail



- After you populate the requested fields, then
 - "Click here to read the Agent Agreement"
 - See red circle
 - A separate popup window will display
 - Scroll to the bottom of the screen and click the "I Agree" button – see blue circle
 - After this is clicked, this window will automatically close
 - Click on the "Submit" button
 - See red box
 - This will complete the registration and you will be taken to the Agent Portal Home page – see next slide

Access Agent Portal Home Page

Enter Registration Detail

- If you wish to provide Agent Portal access to individual agency employees, but you do **NOT** wish to grant access to commission statements:
 - For each agency employee (or for a universal login)
 - Complete the fields in the Agent Registration screen, except:
 - Do **NOT** checkmark the box for access to:
 - Commission statements
 - E-Application platform
 - see **red** circle
 - Do **NOT** checkmark enter the Agent Portal "Registration Code"
 - see **blue** circle


NOTE: Agency employees set up in this fashion cannot access E-Applications

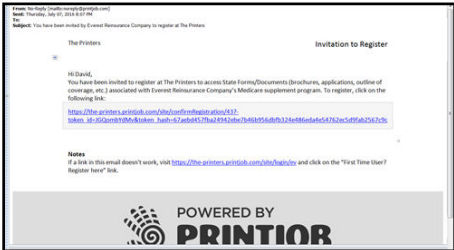
Appendix E

State Forms/Documents Tutorial (Supplies)


Agents can view and print state specific forms, but must order paper supplies through their Field Marketing Organization (FMO) or contact their Direct Reporting Manager for assistance

All Users






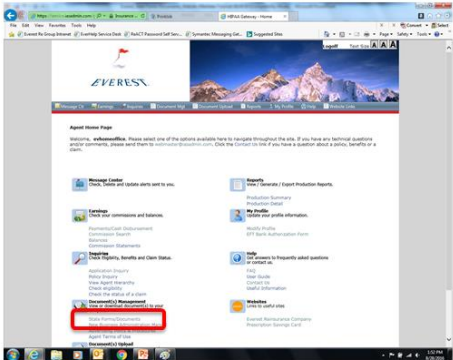
- Once Everest assigns an agent a "Pending" Producer Status, an email will be generated inviting access to the Everest **State Forms/Documents** website
 - This website is also accessible from the Everest Agent Portal
- Once received, the agent can register for access to brochures, application packets, outline of coverage/rates, etc. related to the Everest Medicare supplement program




All Users

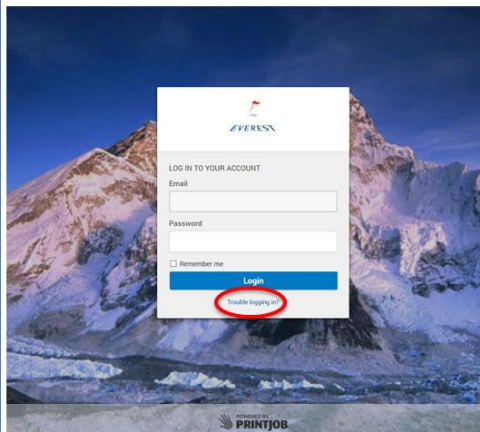


- If a link in this email doesn't work, agents should click on the **State Forms/Documents (Supplies)** link, located on the Everest Agent Portal





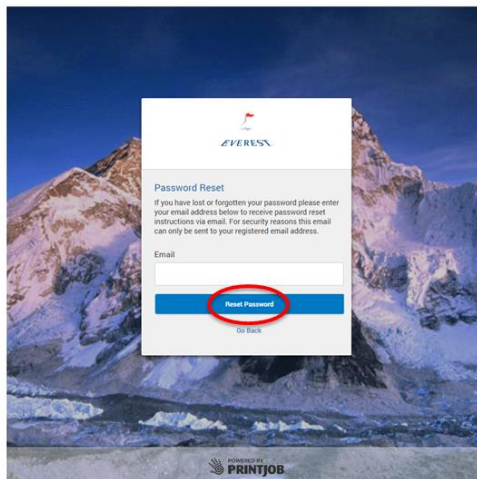
All Users



- Similar to the Everest Agent Portal, once the Everest **State Forms/Documents (Supplies)** is accessed, the agent will need to register.
- If you had not registered via the email invitation or you forgot your password:
 - Click the “**Trouble logging in?**” link (see red circle) – see next slide
- If desired, an agent can access the Everest **State Forms/Documents** directly via <https://the-printers.printjob.com/site/login/ev>



All Users



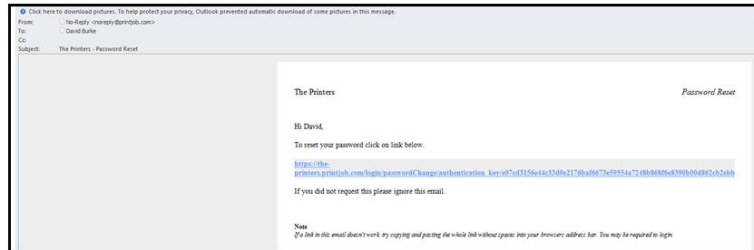
- If you had not registered via the email invitation or you forgot your password:
 - Populate the Email field with the “Email Address” used on Everest’s eProducerPortal contracting system
 - Click the “**Reset Password**” link (see red circle)
 - The screen will display a message that states:
 - Password Reset Email Sent
 - Email with instructions how to reset the password has been sent to your registered email address.



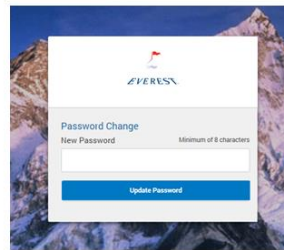
All Users



- You will receive an email similar to that displayed below – follow the instructions

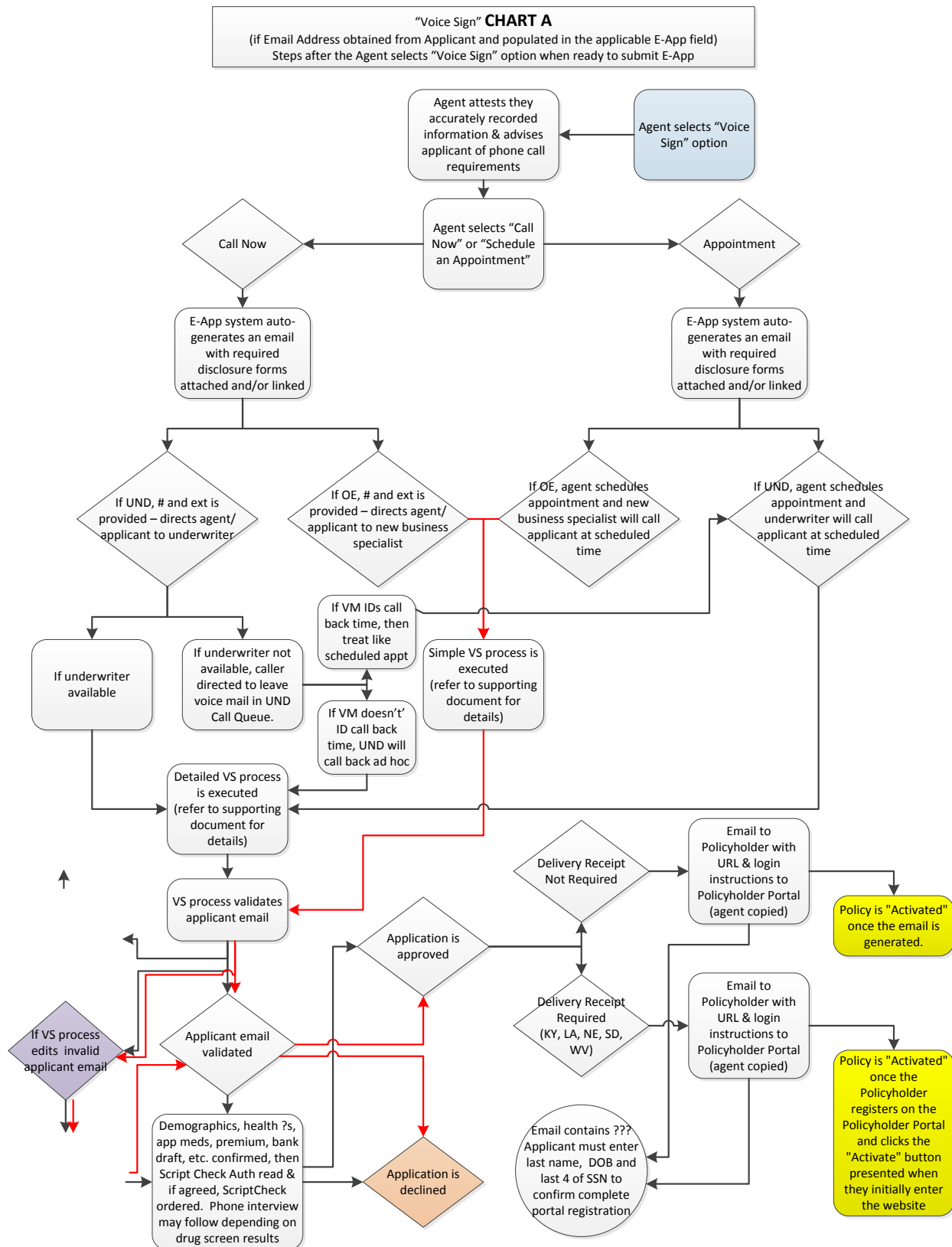


- You will then enter a New Password
- Click the Update Password button
- Login

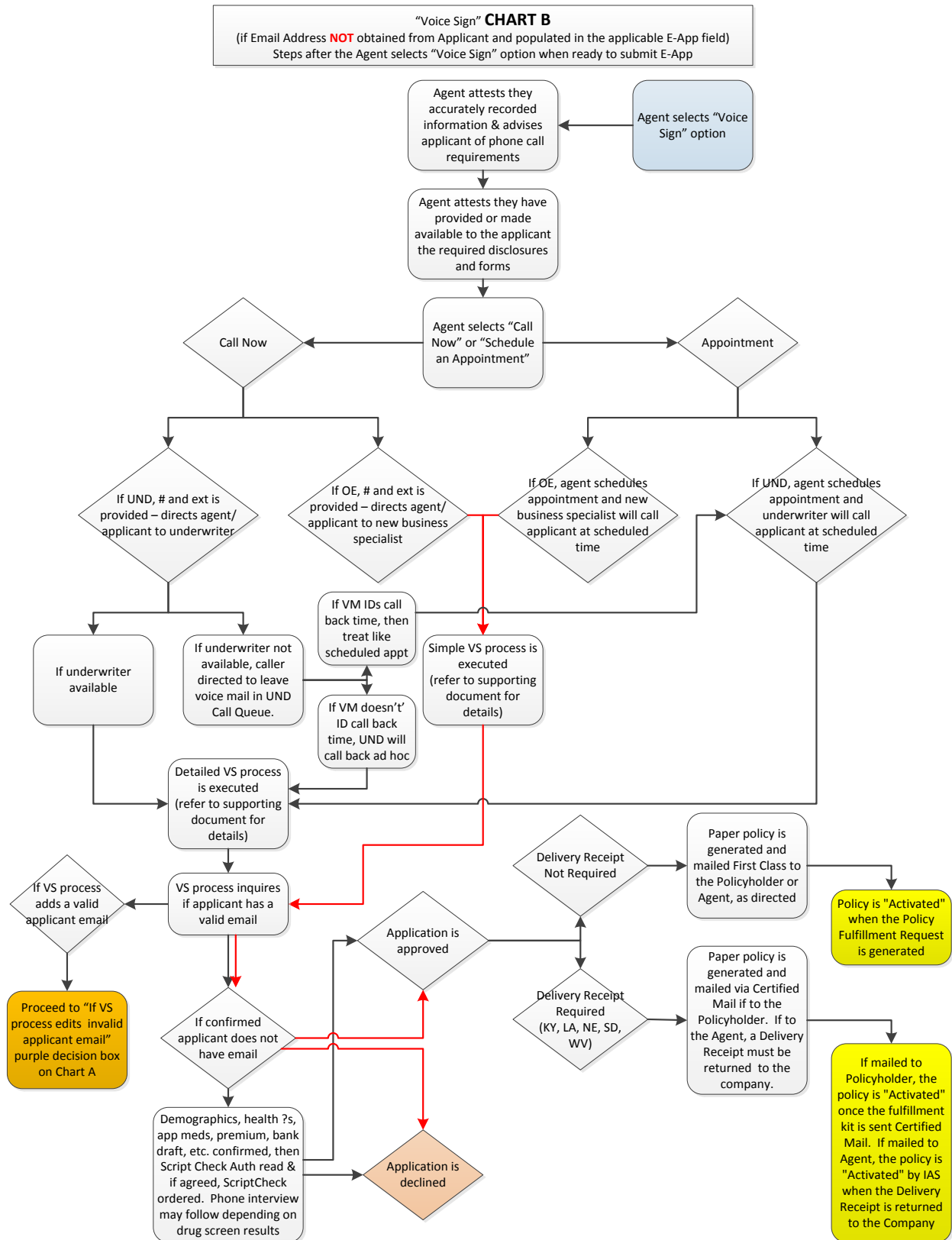


NOTE: If you do not receive an email after this last step, then contact the Sales/Marketing phone number on the IMPORTANT CONTACT INFORMATION page located in the beginning of this manual.

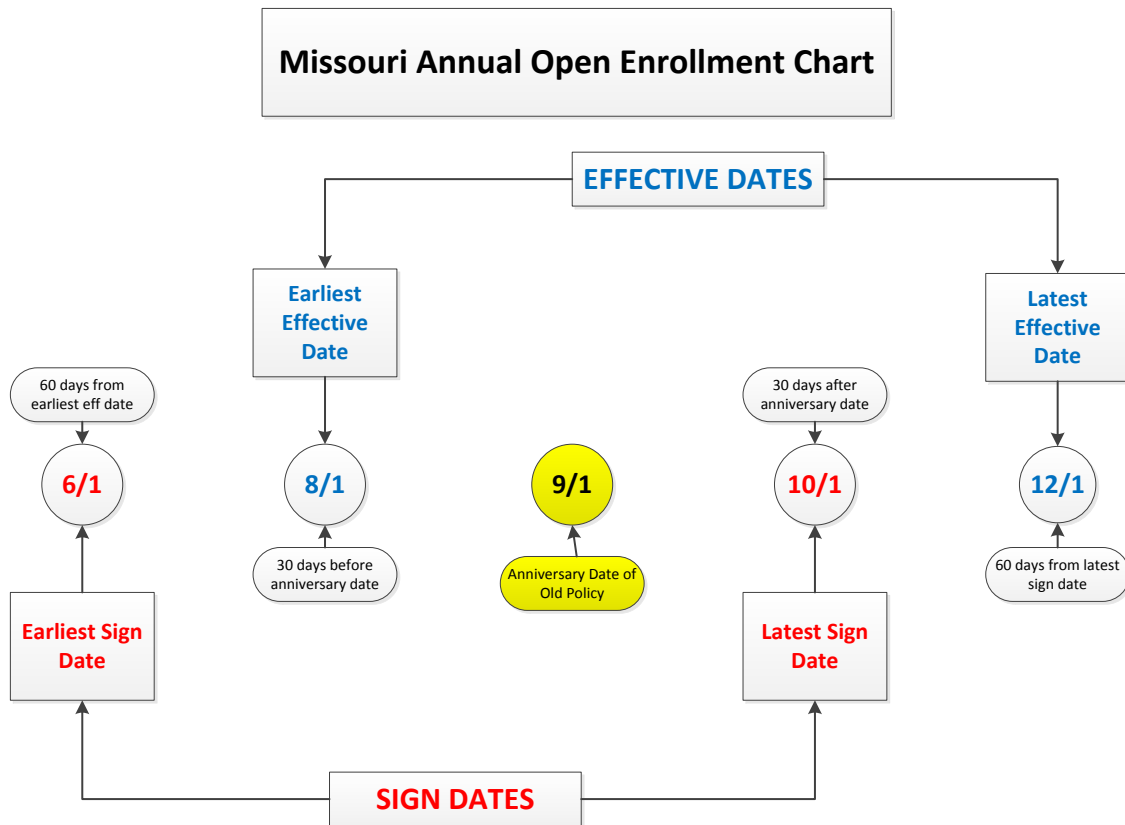
Appendix F



Appendix F cont.



Appendix G



Missouri ANNIVERSARY DATE Replacements	
EXTERNAL Replacements	
Current Plan	Everest Plan you can switch to
Medigap Plan A	Plan A
Medigap Plan B	Plan A
Medigap Plan C	Plans A, C, D, or N
Medigap Plan D	Plans A, D, or N
Medigap Plan F	Plans A, C, D, F, G, or N
Medigap Plan High Deductible F	Plan A
Medigap Plan G	Plans A, D, G, or N
Medigap Plan K	Plan A
Medigap Plan L	Plan A
Medigap Plan M	Plans A or N
Medigap Plan N	Plan N
INTERNAL Replacements	
Current Plan	Everest Plan you can switch to
Medigap Plan A	Plan A
Medigap Plan C	Plans A, C, or D
Medigap Plan D	Plans A, D, or N
Medigap Plan F	Plans A, C, D, F, G, or N
Medigap Plan G	Plans A, D, G, or N
Medigap Plan N	Plan N