

AMERICO  
*Medicare*  
**Supplement**

Agent Underwriting Guidelines



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## CONTACT INFORMATION

### Addresses for Mailing New Business and Delivery Receipts

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

### Medicare Supplement Administrative Office Mailing Information

#### Mailing Address

Americo Financial Life and  
Annuity Insurance Company  
IAS Medicare Supplement Administration  
P.O. Box 10812  
Clearwater, FL 33757-8812

#### Overnight/Express Address

Americo Financial Life and  
Annuity Insurance Company  
IAS Medicare Supplement Administration  
17757 US HWY 19 N , STE 660  
Clearwater FL 33764

### Important Phone and Fax Numbers

Call 1.877.212.2346 for Claims, Underwriting, Customer Service and Commissions.

Hours: 9 am – 5 pm Eastern

Underwriting Fax #	877.212.2329
New Business Fax #	855.864.8526
Marketing Support Phone #	800.231.0801
Agent Licensing Phone #	800.231.0801
Agent Licensing Fax #	800.395.9238

Agent portal: Med Supp Portal on [Americo.com](http://Americo.com)

## INTRODUCTION

This guide provides information about the evaluation process used in underwriting and issuing Amerigo Financial Life and Annuity Insurance Company's Medicare Supplement insurance policies. Our 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 (Med Supp Portal on [www.Amerigo.com](http://www.Amerigo.com)) of any problem(s) with a submitted application. All policies and procedures are as of the revision date listed on the front cover and are subject to change. **Products may not be available in all states represented in this guide. Refer to the product availability guide for approved states.**

## POLICY ISSUE GUIDELINES

All applicants must be covered under Medicare Part A & B in Michigan and Texas. In all other states, only Part A is required. Policy issue is state-specific. The **applicant's state of residence** controls the application, forms, premium and policy issue. If an applicant has more than one residence, the state where taxes are filed should be considered as the state of residence. Please refer to your introductory materials for required forms specific to your state.

### Open Enrollment

To be eligible for open enrollment, an applicant must be at least 64 ½ years of age (in most states) and be within six months of his/her enrollment in Medicare Part B.

Applicants covered under Medicare Part B prior to age 65 are eligible for a six-month open enrollment period upon reaching age 65.

For any applicant that qualifies for Open Enrollment due to disability, please furnish a copy of the applicant's Medicare card or letter from Social Security reflecting the Part B effective date.

### States with Under Age 65 Requirements

State(s)	Plan Availability & Open Enrollment
CO, DE, FL, GA, IL, KS, LA, MS, MT, NH, PA, SD, TN	All plans available. Open enrollment if applied for within six months of Part B enrollment.
KY	All plans available. No open enrollment. All applications are underwritten.
MD, OK, TX	Plan A available. Open enrollment if applied for within six months of Part B enrollment.
NC	Plans A & F available. Open enrollment if applied for within six months of Part B enrollment.
NJ	Plan C available to people ages 50-64. Open enrollment if applied for within six months of Part B enrollment.

### 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 during 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. Pre-existing conditions exclusions will not be used.

In addition to the health questions, the applicant's height and weight will be taken into consideration when determining both eligibility for coverage and the Premium Rate. A 15 percent (15%) premium increase may be charged if the applicant's height and weight fall within an established guideline above or below Standard. See the Height and

Weight Chart on page 13. Coverage will be declined for those applicants who are outside the established height and weight guidelines.

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

### Application Sign Dates

- **Open Enrollment:** Up to six months prior to the month the applicant turns age 65 and/or is eligible for Medicare Part B.
- **Underwritten Cases:** Up to 60 days prior to the requested coverage effective date.
- **West Virginia:** Application may be taken up to 30 days prior to the month the applicant turns 65 or the effective date of Eligibility (per WV Informational Letter 109-A).

### Coverage Effective Dates

Coverage will be made effective as indicated below:

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. Applications may not be backdated prior to the application signed date for any reason to save age.

**Exception: Applications written on the 29th, 30th, or 31st of the month may be dated the 28th of the same month upon request, unless this will cause a duplication of benefits that is prohibited by federal or state law or regulation.**

### Replacements

An “internal replacement” takes place when an applicant wishes to terminate an existing Americo Financial Life and Annuity Insurance Company Medicare Supplement policy, and replace it with another Americo Medicare Supplement plan available. An “external replacement” takes place when an applicant wishes to terminate any other external company policy and replace with a newer or different Medicare Supplement policy. A fully completed application is required for external replacements and internal replacements requesting an upgrade of benefits.

A current client wanting to apply for a non-tobacco plan must complete a new application and qualify for coverage. Clients wishing to change their Risk Class rating because of weight loss must maintain that weight loss for at least 12 months. A new application is required and will be underwritten.

If an applicant has had a Medicare Supplement policy issued by Americo Financial Life and Annuity Insurance Company within the last 60 days, any new applications will be considered to be a replacement application. If more than 60 days has elapsed since prior coverage was in force, then applications will follow normal underwriting rules.

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.

The replacement cannot be applied for on the exact same coverage and exact same company. The replacement Medicare Supplement policy cannot be issued duplicating any other existing Medicare Supplement, Medicare Select, or Medicare Advantage plan.

### Reinstatements

When a Medicare Supplement policy has lapsed within 90 days of the last paid to date, coverage may be reinstated, if the Reinstatement Request is made and the underwriting requirements are met.

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.

## Telephone Interviews

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

## Pharmaceutical Information

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 “Health Information Authorization” (Series 8555) form included in the application packet needs to be completed and signed by the applicant. Prescription information noted on the application will be compared to the additional pharmaceutical information received.

## Policy Delivery Receipt

Delivery receipts are required on all policies issued in Kentucky, Louisiana, Nebraska, South Dakota, and West Virginia. For policies delivered by the agent, 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 signed and dated by the client and returned to Amerigo Financial Life and Annuity Insurance Company in the postage-paid envelope included in the policy package. For policies mailed directly to the client, a certified mail receipt is considered proof of delivery.

## Guarantee Issue Rules

The rules listed below are federal requirements and can also be found in the Guide to Health Insurance for People with Medicare. Plans A, B, C, or F are offered (subject to state availability) on a guarantee issue basis.

Voluntarily leaving an employer group health plan does not always result in the applicant’s eligibility for guaranteed issue. In this situation, state laws may vary.

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. <i>Note: In this situation, state laws may vary.</i>	Medicare Supplement 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 Medicare Supplement 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 Medicare Supplement policy or he/she may want to switch to another Medicare Supplement policy.	Medicare Supplement 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 Medicare Supplement insurance company goes bankrupt and the client loses coverage, or client’s Medicare Supplement policy coverage otherwise ends through no fault of client.	Medicare Supplement 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:** Underwriting cannot issue Medicare Supplement coverage as Guarantee Issue (GI) without proof that an individual’s employer coverage is no longer offered. The following is required:

- Complete the Medicare Insurance Information section on the Medicare Supplement application; and
- Provide a copy of the termination letter showing date of and reason for termination from the employer or group carrier.

**Proof of Voluntary Termination:** See chart below for a list of the states that allow voluntary termination from an employer group plan and the condition under which an applicant qualifies.

State	Condition and proof required
CO, KS, ID, IL, IN, MT, NJ, OH, PA, TX	Qualifies for Guarantee Issue, if the employer sponsored plan is primary to Medicare. We would require a letter from the employer or insurance company, reflecting this is an employer sponsored plan, date of termination and must include that the employer sponsored plan is primary to Medicare as acceptable proof.
FL, SD	Qualifies for Guaranteed Issue, always - No conditions. We would require a Certificate of Group Health Plan Coverage as acceptable proof.
IA*	Qualifies for Guaranteed Issue if the employer sponsored plan's benefits are reduced, with Part B co-insurance no longer being covered. We would require a letter from the employer or insurance company, reflecting this is an employer sponsored plan and the reduction in benefits as acceptable proof.
NM, OK, VA, WV*	Qualifies for Guaranteed Issue, if the employer sponsored plan's benefits are reduced substantially. We would require a letter from the employer or insurance company, reflecting this is an employer sponsored plan and the reduction in benefits as acceptable proof.

\*For purposes of determining GI eligibility due to a voluntary termination of an employer sponsored group health plan, a reduction in benefits will be defined as any increase in the client's deductible amount or their co-insurance requirements (flat dollar co-pays or co-insurance %). A premium increase without an increase in the deductible or co-insurance requirement will not qualify for GI eligibility. Proof of the coverage reduction is required.

### Guarantee Issue Rights for Loss of Medicaid Qualification

State	Guarantee Issue Situation	Client has the right to buy ...
KS	Client loses eligibility for health benefits under Medicaid. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.	any Medicare Supplement plan offered by any issuer.
TN	Client is enrolled under Medicaid and the enrollment involuntarily ceases and the individual is eligible for and enrolled in Medicare Part B. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.	Medicare Supplement Plan A, B, C, F (including F with a high deductible), K, or L offered by any issuer.
TX	Client loses eligibility for health benefits under Medicaid. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.	Medicare Supplement Plan A, B, C, F (including F with a high deductible), K, or L offered by an issuer; except that for persons under 65 years of age, it is a policy which has a benefit package classified as Plan A.
UT	Client is enrolled in Medicaid and is involuntarily terminated. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.	Medicare Supplement Plan A, B, C, F (including F with a high deductible), K, or L offered by any issuer.

# MEDICARE ADVANTAGE (MA)

## Medicare Advantage (MA) Annual Election Period

General Election Periods for Medicare Advantage (MA)	Timeframe	Allows for...
Annual Election Period (AEP)	Oct. 15th – Dec. 7th of every year	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	MA enrollees to disenroll from any MA plan and return to Original Medicare. The MADP does not provide an opportunity to: 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. For any questions regarding MA disenrollment eligibility, contact your State Health Insurance Assistance Program (SHIP) office or call 1-800-MEDICARE, as each situation presents its own unique set of circumstances. The SHIP office will help the client disenroll and return to Medicare.

### Medicare Advantage (MA) Proof of Disenrollment

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

### Disenrolling from a Medicare Advantage Plan

Complete the MA section on the Medicare Supplement application.

For Guaranteed Issue applications: proof must be submitted.

For Underwritten or Open Enrollment applications: once the application has been approved, the agent will be contacted via the agent portal and advised to begin the disenrollment process from the MA plan. The MA plan disenrollment form that was provided to the applicant must be submitted to New Business, which will verify the disenrollment date against the effective date of the Americo policy:

- Effective date cannot overlap the MA coverage date.
- Policies will not be mailed until confirmation of disenrollment from the MA plan is received.

## Guarantee Issue Rights

The rules listed below are federal requirements and can also be found in the Guide to Health Insurance for People with Medicare. We offer plans A, B, C, or F (state variations apply) on a guarantee issue basis.

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 Medicare Supplement 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 Medicare Supplement plan that is sold in your state by any insurance company.
Client dropped his/her Medicare Supplement 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 Medicare Supplement policy back if that carrier still sells it. If his/her former Medicare Supplement policy is not available, the client can buy a Medicare Supplement 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 MA insurance company has not followed the rules, or has misled the client.	buy Medicare Supplement plan A, B, C, F, K or L that is sold in the client's state by any insurance company.

# PREMIUM

## Calculating Premium

Before you begin, utilize the Height and Weight Chart on page 13 to determine eligibility for coverage, unless the applicant is in an open enrollment or guarantee issue period.

### Utilize Outline of Coverage

- Determine Plan
- Find Age/Gender - Verify that the age and date of birth are the exact age **as of the effective date**.
- Determine ZIP code where the client resides and find the correct rate for that ZIP code.
- Apply Household Premium Discount, if appropriate (subject to state variation).
- Rate Adjustment - use the height and weight chart to determine if there should be a Class I rate adjustment of 15% (subject to state variation).
- To determine annual premium, multiply by 12.

EXAMPLE:

Calculate Premium Instructions	Premium Calculation Example
Determine Medicare Supplement insurance plan.	Plan F
Find Age/Gender - Verify that the age and date of birth are the exact age of the effective date.	67 / Female
Determine ZIP code where the client resides.	30301
Use the Medicare Supplement plan's monthly premium from the Outline of Coverage based on the information above.	\$183.83
Apply Household Premium Discount, if appropriate.	$\$183.83 \times .9 = \$165.45$
Rate Adjustment - Use the height and weight chart to determine if there should be a Class I rate adjustment of 15%.	$\$165.45 \times 1.15 = \$190.27$
Payment Options – To determine annual premium, multiply by 12.	\$190.27 monthly payment \$2,283.24 annual payment

### Utilizing the Premium Worksheet

The Premium Worksheet is included with each application packet and provides detailed instructions for calculating premiums.

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

IA, ID, KY, LA, MD, MI, NC, NH, NJ, PA, TN, VA

### Types of Medicare Policy Ratings

- **Issue-age Rated** - The premium is based on the age of the applicant when the Medicare Supplement policy is purchased. Premiums are lower for applicants who buy at a younger age, and won't change as they get older. Premiums may go up because of inflation and other factors, but not because of applicant's age.
- **Attained-age Rated** - The premium is based on the applicant's current age so the premium goes up as the applicant gets older. Premiums are lower for younger buyers, but go up as they get older. In addition to change in age, premiums may also go up because of inflation and other factors.

## Rate Type Available by State

State	Gender Rates	Attained or Issue Rated	Tobacco Rates During Open Enrollment	Enrollment / Policy Fee
AL	Y	Attained	Y	N
AZ	Y	Issue	Y	N
CO	Y	Attained	Y	N
DE	Y	Attained	Y	N
FL	Y	Issue	Y	N
GA	Y	Issue	Y	N
IA	Y	Attained	N	N
ID	N	Issue	N	N
IL	Y	Attained	Y	N
IN	Y	Attained	Y	N
KS	Y	Attained	Y	N
KY	Y	Attained	N	N
LA	Y	Attained	N	N
MD	Y	Attained	N	N
MI	Y	Attained	N	N
MS	Y	Attained	Y	N
MT	N	Attained	Y	N
NC	Y	Attained	N	N
ND	Y	Attained	Y	N
NE	Y	Attained	Y	N
NH	Y	Issue	N	N
NJ	Y	Attained	N	N
NM	Y	Attained	Y	N
NV	Y	Attained	Y	N
OH	Y	Attained	Y	N
OK	Y	Attained	Y	N
PA	Y	Attained	N	N
RI	Y	Attained	Y	N
SC	Y	Attained	Y	N
SD	Y	Attained	Y	N
TN	Y	Attained	N	N
TX	Y	Attained	Y	N
UT	Y	Attained	Y	N
VA	Y	Attained	N	N
WY	Y	Attained	Y	N
WV	Y	Attained	Y	N

Product may not be available in all states.

## **Household Discount (Not available in all states)**

If question 1 in the Household Discount Section on the application is answered “Yes,” the individual may be eligible for the discount.

Individuals are eligible for a Household Premium Discount if for the past year they have resided with at least one, but no more than three, other adults who are age 60 and older\*. If they live with another adult who is a legal spouse, we will waive both the one-year requirement and the age 60 requirement. For the purpose of this discount, a civil union partner or domestic partner will be considered a legal spouse when such partnerships are valid and recognized in the applicant’s state of residence. We may request additional documentation to determine eligibility.

The premium will be reduced by the percentage shown on the Outline of Coverage.

The policy’s Household Premium Discount will be removed if the other adult no longer resides with the applicant (other than in the case of their death).\*

\*The Household Premium Discount provision is subject to state variation.

## **Definition of Domestic Partner**

Either partner of an unmarried same or opposite sex couple in a relationship considered as being equivalent to marriage for the purpose of extending certain legal rights and benefits.

## **Class Rating (Not available in all states)**

### **How to determine class rating**

- Follow instructions on the Premium Worksheet.
- Complete the form and return with the application.

Height and Weight Charts are included on the next page of this Guide for your reference.

*Note: Risk class height and weight factors will not apply to open enrollees or guaranteed issues.*

## Eligibility

To determine if the applicant is eligible for coverage, locate the applicant's height, then weight (in pounds) in the chart below. If the applicant's weight is in the Decline column, they are not eligible for coverage at this time. If their weight is located in the Class I or Standard column, you may continue with the application. Class I will add a 15% increase in premium.\*

Height	Decline Weight	Class I - 15%* Weight	Standard Weight	Class I - 15%* Weight	Decline Weight
4' 6"	< 63	63 – 70	71 – 128	129 – 170	171 +
4' 7"	< 65	65 – 73	74 – 133	134 – 176	177 +
4' 8"	< 67	67 – 75	76 – 138	139 – 182	183 +
4' 9"	< 70	70 – 78	79 – 143	144 – 189	190 +
4' 10"	< 72	72 – 81	82 – 148	149 – 196	197 +
4' 11"	< 75	75 – 84	85 – 153	154 – 202	203 +
5' 0"	< 77	77 – 87	88 – 158	159 – 209	210 +
5' 1"	< 80	80 – 89	90 – 164	165 – 216	217 +
5' 2"	< 83	83 – 92	93 – 169	170 – 224	225 +
5' 3"	< 85	85 – 95	96 – 175	176 – 231	232 +
5' 4"	< 88	88 – 99	100 – 180	181 – 238	239 +
5' 5"	< 91	91 – 102	103 – 186	187 – 246	247 +
5' 6"	< 93	93 – 105	106 – 192	193 – 254	255 +
5' 7"	< 96	96 – 108	109 – 197	198 – 261	262 +
5' 8"	< 99	99 – 111	112 – 203	204 – 269	270 +
5' 9"	< 102	102 – 115	116 – 209	210 – 277	278 +
5' 10"	< 105	105 – 118	119 – 216	217 – 285	286 +
5' 11"	< 108	108 – 121	122 – 222	223 – 293	294 +
6' 0"	< 111	111 – 125	126 – 228	229 – 302	303 +
6' 1"	< 114	114 – 128	129 – 234	235 – 310	311 +
6' 2"	< 117	117 – 132	133 – 241	242 – 319	320 +
6' 3"	< 121	121 – 136	137 – 248	249 – 328	329 +
6' 4"	< 124	124 – 139	140 – 254	255 – 336	337 +
6' 5"	< 127	127 – 143	144 – 261	262 – 345	346 +
6' 6"	< 130	130 – 147	148 – 268	269 – 354	355 +
6' 7"	< 134	134 – 150	151 – 275	276 – 363	364 +
6' 8"	< 137	137 – 154	155 – 282	283 – 373	374 +
6' 9"	< 140	140 – 158	159 – 289	290 – 382	383 +
6' 10"	< 144	144 – 162	163 – 296	297 – 392	393 +
6' 11"	< 147	147 – 166	167 – 303	304 – 401	402 +
7' 0"	< 151	151 – 170	171 – 311	312 – 411	412 +
7' 1"	< 155	155 – 174	175 – 318	319 – 421	422 +
7' 2"	< 158	158 – 178	179 – 326	327 – 431	432 +
7' 3"	< 162	162 – 183	184 – 333	334 – 441	442 +
7' 4"	< 166	166 – 187	188 – 341	342 – 451	452 +

\*Class I rate adjustment subject to state variation

## Completing the Premium on the Application

The available premium payment modes at the time of policy issue are:

- Annual Direct Bill
- Monthly Bank Draft (Modal Factor = 1/12)

The payment mode should be selected on the application, with the amount of modal premium indicated in the Premium Payment section. If an application is submitted without premium, the first modal premium will be drafted on Effective Date as indicated on the application. If neither is selected on the application for the Initial Bank Draft, the first modal premium will be drafted on effective date.

*Note: If utilizing electronic funds transfer (EFT) as a method of payment, please complete the Authorization for Automatic Funds Withdraw form. If paying the initial premium by EFT, the authorization form must be completed and submitted with the application.*

## Collection of Premium

For policies other than EFT, a full modal premium must be submitted with the application.

- Money orders, cashier's checks and counter checks are only acceptable if obtained by the applicant. Third party payors cannot obtain a money order or cashier's check on behalf of the applicant.

*Note: Amerigo Financial Life and Annuity Insurance Company does not accept post-dated checks or payments from Third Parties, including any Foundations as premium for Medicare Supplement. Immediate family and domestic partners are acceptable payors.*

## Business Checks

Business checks are only acceptable if they are submitted for the business owner or the owner's spouse.

## Important Consumer Notices

Leave the Important Consumer Notices with the applicant.

## Bank Draft Authorization Form

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

## Part 1 – Select the preferred bank draft day

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.

Social Security Deposit Date	Benefits Paid On**
Birth Date on 1st - 10th*	Second Wednesday
Birth Date on 11th - 20th*	Third Wednesday
Birth Date on 21st - 31st*	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.

Clients may also choose 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 the effective date.

Please note, if the selected bank draft day on the Bank Draft Authorization Form differs from the draft day indicated on the application, the selection made on the Bank Draft Authorization Form will govern.

### **Refunds**

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

### **Our General Administrative Rule - 12 Month Rate**

It is current administrative practice to leave rates in effect, without adjustment, for 12 months from the effective date of coverage.

# APPLICATION

Properly completed applications should be finalized within 5 - 7 days of receipt at the Amerigo Financial Life and Annuity Insurance Company Medicare Supplement administrative office. The ideal turnaround time for the policy to be provided to the producer is 11 - 14 days, including mail time.

## Application Sections

The application must be completed in its entirety. The Medicare Supplement application consists of ten sections (subject to state variation) that must be completed. Please be sure to review your applications for the following information before submitting:

### Personal Information

- Please complete the client's residence address in full. Ensure age and Date of Birth are the **exact age** as of the **effective date**.
- Medicare card number, also referred to as the Health Insurance Claim (HIC) number, is vital for electronic claims payment.
- Height / Weight is required on underwritten cases and is required for premium calculation.

### Plan Section

- Entire section must be completed.
- Answer the tobacco question. (Refer to the Calculating Premium section on page 10 for a list of states where tobacco rates do not apply during Open Enrollment or Guaranteed Issue situations).

### Eligibility

- Please indicate if the applicant is covered under Parts A and B of Medicare.

### Medicare & Insurance Information

- If the applicant is applying during the Guarantee Issue period, be sure to include proof of eligibility.
- If the applicant is replacing another Medicare Supplement policy, complete replacement question #4 and include the Replacement Notice.
- If the applicant is leaving a Medicare Advantage plan, complete replacement question #3 and include the Replacement Notice.
- If the applicant has had any other health insurance coverage in the past 63 days, including coverage through a union, employer plan, or other non-Medicare Supplement coverage, complete replacement question #5.
- Verify if the applicant is covered through his/her state Medicaid program. If Medicaid is paying for benefits other than the applicant's Part B premium or the Medicare Supplement premium for this policy, then the applicant is not eligible for coverage.

### Household Premium Discount Information

If the answer to the question is 'YES,' the individual qualifies for the discount and all required information must be provided. This information is necessary to calculate premium.

### Premium Payment & Administration

- Entire section must be completed.
- This section should indicate modal premium and initial premium amount. The initial bank draft will be drafted on the Effective Date unless specified otherwise.
- A Bank Draft Authorization Form must be completed and submitted with the application in order to set up the applicant for automatic bank drafts.

## Medical Questions

- If the applicant is applying during an open enrollment or a guaranteed issue period, do not answer health questions.
- If applicant is not considered to be in Open Enrollment or a Guaranteed Issue situation, health questions must be answered.

## Agreement & Acknowledgment

- Applicant acknowledges receiving the Guide to Health Insurance and Outline of Coverage. These two documents must be left with the client at the time the application is completed.
- Applicant agrees to the Health Information Authorization (Series 8555).
- Signatures and dates are required by applicant(s) and writing agent. The writing agent must be appointed in the state where the application is signed and the applicant's resident state, if different.  
*Note: Applicant's signature must match name of applicant on the application. In rare cases where applicant cannot sign his/her name, a mark ("X") is acceptable. For their own protection, producers are advised against acting as sole witness.*
- If someone other than the applicant is signing the application (i.e., Power of Attorney), please include copies of the papers appointing that person as the legal representative.  
*Note: Power of Attorney signatures are only allowed for Medicare Supplement applications applying for guaranteed issue or open enrollment. If Power of Attorney documents are over 12 months old, we will need an affidavit signed and notarized, except where prohibited by law.*

## Producer Statement

The producer(s) must certify that they have:

- provided the applicant with a copy of the replacement notice, if applicable;
- accurately recorded the information supplied by the applicant on the application;
- and have interviewed the proposed applicant.

Producer(s) must provide signatures and dates on the Producer Statement. The producer(s) must be appointed in the state where the application is signed and the applicant's resident state, if different.

## Declined Applications

Applications will be declined for the following reasons:

- When interviewed by the company, the applicant does not recall filling out the application.
- A family member filled out and signed the application.
- A POA or other representative signed the application when the applicant was not in a Medicare Supplement Open Enrollment or Medicare Supplement Guaranteed Issue period.
- Any "yes" answers to the medical and health questions. (Excluding the Tobacco question).
- The application was taken by an agent who was not licensed and appointed at the time of solicitation in the applicant's resident and signature state.
- The applicant is unable or unwilling to complete the telephone interview.
- If additional forms requested by the underwriter are not submitted within the allotted timeframe.
- If the client is taking any of the drugs listed on the Medication guideline for the condition listed. (See Medication list - page 20).
- 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. Please 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.
- If an applicant cannot provide the medical condition that a prescribed medication is treating and is unable to obtain the information from their physician.
- Ineligible medications found on Prescription Query.

## Applicants Requesting the Reason for Declination

- If the reason for declination was non-medical, we are able to release this information verbally to both the agent and applicant.
- If the reason for declination came from information the applicant disclosed during the phone interview, we will advise the applicant verbally and send a declination letter directly to the applicant only. This request can be made verbally or in writing.
- If the reason for declination 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 indicating the name, address and phone number of the physician and signed by the applicant.
- If the reason for declination came from Prescription History, a declination letter will be sent to the applicant with detailed instructions for the client on how to obtain copies of any information that was obtained during the course of the underwriting process.

## Withdrawn Applications

An applicant can request to withdraw their application anytime during the underwriting process in writing or verbally via a recorded statement with one of our representatives. The writing 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 21 business 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. A copy of the letter will also be mailed to the writing agent. The agent will also be notified that the application was withdrawn via an Agent Portal Message.

If an application was submitted without premium, a letter confirming the application was withdrawn will be mailed to the applicant. A copy of the letter will also be mailed to the writing agent. The agent will also be notified that the application was withdrawn via an Agent Portal Message.

## 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 time frame, the insurance policy will be considered Not Taken and processed as such. A letter confirming the application was not taken will be mailed to the applicant. The agent will be notified via an Agent Portal Message.

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 faxed) within the 30-day free look period. A full refund of the premium for Not Taken insurance policies will be processed 21 business days or 30 calendar 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.

# HEALTH INFORMATION

## Uninsurable Health Conditions

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

HIV/AIDS	Diabetes - Insulin >50 units/day
Alzheimer's Disease	Emphysema
ARC	Kidney disease requiring dialysis
Cirrhosis	Lateral Sclerosis (ALS)
Chronic Pain Syndrome	Lupus - Systemic
Chronic Obstructive Pulmonary Disease (COPD)	Multiple Sclerosis
Other chronic pulmonary disorders to include:	Myasthenia Gravis
Chronic bronchitis	Organ transplant
Chronic obstructive lung disease (COLD)	Osteoporosis with resulting fractures
Chronic asthma	Parkinson's Disease
Chronic interstitial lung disease	Senile Dementia
Chronic pulmonary fibrosis	Other cognitive disorders to include:
Cystic fibrosis	Mild cognitive impairment (MCI)
Sarcoidosis	Delirium
Bronchiectasis	Organic brain disorder
Scleroderma	Spinal Stenosis
Crohn's Disease	Ulcerative Colitis

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

- Implantable cardiac defibrillator
- Use of supplemental oxygen
- Use of a nebulizer within the last 6 months
- Asthma requiring continuous use of two or more medications, including inhalers
- Taking any medication that must be administered in a physician's office
- Advised to have surgery, medical tests, treatment or therapy not yet completed
- If applicant's height/weight is in the decline column on the chart
- Ineligible medications

## MEDICATION GUIDELINE

This list is not all-inclusive. An application should not be submitted if a client is taking any of the following medications:

Generic	Brands	Uninsurable Health Condition
abacavir	Ziagen	HIV
abarelix	Plenaxis	cancer
acamprosate	Campral	alcohol abuse
AL-721	AL-721	AIDS, HIV
albuterol/ipratropium	DuoNeb, Combivent Respimat	COPD, emphysema
altretamine	Hexalen	cancer
amantadine	Endantadine, Symmetrel, Symadine	Parkinson's
anakinra	Kineret	rheumatoid arthritis
apomorphine	Apokyn, Uprima	Parkinson's
atazanavir	Reyataz	HIV
auranofin	Ridaura	rheumatoid arthritis
aurothioglucose	Solganal	rheumatoid arthritis
azathioprine	Imuran, Azasan	rheumatoid arthritis, kidney transplant
BCG	TheraCyx, Tice BCG	bladder cancer
baclofen	Lioresal, Lioresal Intrathecal, Gablofen	multiple sclerosis
benztropine	Cogentin	Parkinson's
bicalutamide	Casodex	prostate cancer
biperiden hydrochloride	Akineton	Parkinson's
bleomycin	Blenoxane	cancer
bromocriptine	Cycloset, Parlodel	Parkinson's
busulfan	Myleran, Busulfex	cancer
carbidopa	Lodosyn	Parkinson's
carbidopa/levodopa	Sinemet, Rytary, Duopa, Atamet, Carbilev, Parcopa	Parkinson's
carboplatin	Paraplatin	cancer
chlorambucil	Leukeran	cancer, kidney transplant, rheumatoid arthritis
chlorotrianisene	Tace	cancer
chlorpromazine	Thorazine	psychosis, schizophrenia
cisplatin	Platinol	cancer
cyclophosphamide	Cytosan, Neosar	cancer, rheumatoid arthritis, lupus
cycloserine	Seromycin	tuberculosis
cyclosporine	Neoral, Sandimmune, Gengraf	organ transplant, cancer, rheumatoid arthritis
darunavir	Prezista	AIDS, HIV
delavirdine	Rescriptor	AIDS, HIV

Generic	Brands	Uninsurable Health Condition
didanosine	Videx, ddl	AIDS, HIV
disulfiram	Antabuse	alcohol abuse
donepezil	Aricept	dementia
doxorubicin	Adriamycin, Caelyx, Rubex	cancer
dronabinol	Marinol, THC	cancer
efavirenz	Sustiva	AIDS, HIV
emtricitabine	Atripla	AIDS, HIV
emtricitabine	Emtriva, Coviracil	AIDS, HIV
emtricitabine/tenofovir	Truvada	HIV
enfuvirtide	Fuzeon	AIDS, HIV
entacapone	Comtan	Parkinson's
Generic	Brands	Uninsurable Health Condition
entacapone/levodopa/carbidopa	Stalevo	Parkinson's
epoetin alfa	Epogen, Procrit, Eprex	chronic kidney disease, HIV, cancer
ergoloid mesylates	Hydergine	dementia
etanercept	Enbrel	rheumatoid arthritis
ethinyl estradiol	Estinyl	cancer
ethopropazine	Parsidol	Parkinson's
etoposide	VePesid, Toposar, Etopophos	cancer
filgrastim	Neupogen, Granix, Zarxio	cancer
fluphenazine	Modecate, Prolixin, Moditen, Permitil	psychosis
flutamide	Euflex, Eulexin	cancer
fosamprenavir	Lexiva	HIV
foscarnet sodium	Foscavir	AIDS, HIV
furosemide (>60mg/day)	Lasix	heart disease
galantamine	Razadyne, Reminyl	dementia
glatiramer	Copaxone, Glatopa	multiple sclerosis
gold sodium thiomalate	Myochrysine, Aurolate	severe arthritis
goserelin	Zoladex	cancer
haloperidol	Haldol, Peridol	psychosis
hydroxyurea	Hydrea, Droxia	cancer
imatinib	Gleevec	cancer
indinavir	Crixivan, IDV	AIDS, HIV
infliximab	Remicade	rheumatoid arthritis
insulin > 50 units per day	many brands	diabetes mellitus
interferon	many brands	AIDS, HIV, cancer, multiple sclerosis, hepatitis
interferon alfa-2a	Roferon-A	AIDS, HIV, cancer
interferon beta 1a	Avonex, Rebif	multiple sclerosis

Generic	Brands	Uninsurable Health Condition
interferon beta 1b	Betaseron, Extavia	multiple sclerosis
ipratropium	Atrovent	COPD, emphysema
lamivudine	Combivir, 3TC, Epivir	AIDS
lamivudine/zidovudine/abacavir	Trizivir	HIV
leuprolide	Lupron, Eligard	cancer
levamisole hydrochloride	Ergamisol	cancer
levodopa	Larodopa, Dopar, L-Dopa	Parkinson's
lomustine	Gleostine, CCNU	cancer
lopinavir	Kaletra	HIV
maraviroc	Selzentry	HIV
medroxyprogesterone acetate	Depo-Provera, Provera, Amen, Curretab, Cycrin	cancer
megestrol	Megace	cancer
melphalan	Alkeran	cancer
memantine	Namenda	dementia
methotrexate	Trexall, Rheumatrex, Rasuvo, Otrexup	severe arthritis (>25mg/wk), cancer
mitomycin	Mutamycin	cancer
mitoxantrone	Novantrone	multiple sclerosis, cancer
mycophenolate	CellCept, Myfortic	myasthenia gravis, organ transplant
naltrexone	ReVia, Vivitrol, Depade	opioid or alcohol detox
natalizumab	Tysabri	multiple sclerosis
nelfinavir	Viracept	AIDS, HIV
neostigmine	Prostigmin, Bloxiverz	Myasthenia Gravis
nesiritide	Natrecor	congestive heart failure
Generic	Brands	Uninsurable Health Condition
nevirapine	Viramune	AIDS, HIV
ondansetron	Zofran	cancer
oxygen		COPD, emphysema
paliperidone	Invega	schizophrenia
pergolide mesylate	Permax	Parkinson's
pramipexole	Mirapex	Parkinson's
prednisone	Rayos, Sterapred	severe arthritis (>10mg/day), lupus, chronic lung disease
procyclidine	Kemadrin	Parkinson's
pyridostigmine	Mestinon, Regonol	Myasthenia Gravis
rasagiline	Azilect	Parkinson's
riluzole	Rilutek	ALS - amyotrophic lateral sclerosis
risperidone	Risperdal	psychosis, schizophrenia
ritonavir	Norvir	AIDS, HIV

Generic	Brands	Uninsurable Health Condition
rivastigmine	Exelon	dementia
ropinirole	Requip	Parkinson's
rotigotine	Neupro	Parkinson's
saquinavir	Invirase, Fortovase	AIDS, HIV
selegiline	Carbex, Eldepryl, Zelapar	Parkinson's
stavudine	Zerit, d4T	AIDS, HIV
streptozocin	Zanosar	cancer
tacrine	Cognex	dementia
tacrolimus	Prograf, Hecoria, Astagraf, Envarsus	myasthenia gravis, organ transplant
tenofovir	Viread	AIDS, HIV
testolactone	Teslac	cancer
theophylline	many brands	COPD, emphysema
thioridazine	Mellaril	psychosis, dementia
thiotepa	Tespa, Thioplex	cancer
thiothixene	Navane	psychosis
tiotropium	Spiriva	COPD, emphysema
tipranavir	Aptivus	AIDS, HIV
tolcapone	Tasmar	Parkinson's
trastuzumab	Herceptin	cancer
trifluoperazine	Stelazine	psychosis, schizophrenia
trihexyphenidyl	Artane, Trihex	Parkinson's
triptorelin	Trelstar	cancer
valganciclovir	Valcyte	HIV
vincristine	Oncovin, Vincasar	cancer
zalcitabine	Hivid, ddC	AIDS, HIV
zidovudine	AZT, ZDV, Retrovir	AIDS, HIV, hepatitis
ziprasidone	Geodon	schizophrenia
zoledronic acid	Reclast, Zometa	hypercalcemia caused by cancer

## REQUIRED FORMS

### **Application (Series 5500)**

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

The agent is responsible for submitting completed applications to Americo Financial Life and Annuity Insurance Company home office.

### **Producer Statement (Series 5500-AS)**

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

Producers must include their Name and Agent Writing Number. A maximum of two producers are allowed and they should indicate the commission percentage shares, which must total 100%.

### **Health Information Authorization (HIPAA) (Series 8555)**

The HIPAA form must have a current and clearly written date. It is required with all underwritten applications.

### **Premium Worksheet (15-138-9)**

This form is used to calculate the correct premium and must be returned with the application.

### **Important Consumer Notices (Series 8394 (08/15))**

Notice must be provided to applicant.

### **Medicare Supplement Replacement Notice (Series 8550)**

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

### **Bank Draft Authorization Form (15-138-10)**

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

## 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 medical 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
- 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)

*Amendments are subject to state availability.*

## STATE SPECIFIC FORMS

The following forms are specifically mandated by the states to accompany the application:

### Colorado

Commission Disclosure Form - This form is to be completed in duplicate by the Producer, then signed by the Producer and Applicant. Leave a copy with the Applicant and submit a copy with the application.

### Florida

Florida Certification Form – This form is to be completed in duplicate by the Producer, then signed by the Producer and Applicant. Leave a copy with the Applicant and retain a copy in the Applicant’s file submitted with the application.

### Illinois

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

### Iowa

Important Notice Before You Buy Health Insurance - This form is to be left with the Applicant.

### Kentucky

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

### Louisiana

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

### Maryland

Eligible Persons for Guarantee Issue and Open Enrollment - This form is to be left with the Applicant.

**Montana**

Privacy Notice - This form is to be left with the Applicant.

**Nebraska**

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

**New Mexico**

New Mexico Confidential Abuse Information - Optional form, submit copy with application if completed.

**Ohio**

Solicitation and Sales Disclosure - This form must be completed in duplicate and submitted with all applications. A copy is to be left with the Applicant.

**Pennsylvania**

Guarantee Issue and Open Enrollment Notice - This form is to be left with the Applicant.

**Texas**

Definition of Eligible Person for Guaranteed Issue Notice - This notice must be provided to the client as the last page of the application.