



# Medicare Supplement Underwriting Guidelines

March 1, 2020

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Property of Liberty Bankers Life Insurance Company

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

# CONTACTS

## ADDRESSES FOR MAILING NEW BUSINESS AND DELIVERY RECEIPTS

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

Mailing Address for New Business:	Overnight/Express Address:	Mailing Address for Claims Administration:
Liberty Bankers Life Insurance Company Administrative Office P.O. Box 15357 Clearwater, FL 33766-5357	Liberty Bankers Life Insurance Company 2650 McCormick Drive Clearwater, FL 33759	Liberty Bankers Life Insurance Company Claims P.O. Box 14707 Clearwater, FL 33766-5357

**FAX Number for New Business – ACH Applications:** 1-855-493-9242

**Administrative Office – Questions:** 1-844-770-2400

# INTRODUCTION

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

## UNDERWRITING AND ITS IMPORTANCE

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

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

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

## KEYS TO GETTING POLICIES ISSUED

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

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

Make sure you include all required State specific forms.

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

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

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

A great way to make certain your applications are submitted to the home office with all of the questions answered and with all required signatures is to use the electronic application as much as possible.

## TIPS FOR COMPLETING THE APPLICATION

### ALWAYS

- Ask each question exactly as written (do not paraphrase).
- Record each answer exactly as given.
- If not using the electronic application, complete the application legibly and in black ink.
- Draw a line through any errors and ask the applicant to initial and date corrections.

### NEVER

- Ask a general question (e.g. "Are you in good health?"), then mark all of the health questions on the application as "No" if the applicant responds favorably.
- Tell or suggest to the applicant how he or she should answer a question.
- Allow someone other than the applicant to answer the application questions.
- Focus only on the medications because many medications are taken for multiple conditions. The medication information is important, but it should tie back to the answers to the health questions.
- Use "white out" or similar substances for corrections or mistake.

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

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

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

For underwritten and Guaranteed Issue applications, the requested effective date may not be more than ninety (90) days from the date the application was signed. This may vary by state.

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

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

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

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

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

For paper applications, we do not accept stamped or electronic signatures from either agents or applicants.



# MACRA

## Plan Changes under the Medicare Access and CHIP Reauthorization Act of 2015 (“MACRA”) – Effective January 1, 2020

MACRA – Medicare Access and CHIP Reauthorization Act of 2015 – is the largest scale change to the American health care system following the Affordable Care Act in 2010. First, MACRA requires the removal of Social Security Numbers from all Medicare cards to better protect individual's private financial information. This will be accomplished by the end of 2019.

Starting January 1, 2020, Medigap plans sold to new people with Medicare will not be allowed to cover the Part B deductible. Because of this, Plans C and F will no longer be available to individuals new to Medicare starting on January 1, 2020. If a person already has either of these 2 plans (or the high deductible version of Plan F) or are covered by one of these plans before January 1, 2020, he/she will be able to keep that plan. If a person is eligible for Medicare before January 1, 2020, but not yet enrolled, he/she may still be able to buy one of these plans.

This means that agents need to verify when the individual client became Medicare-Eligible:

- Individuals born on December 31, 1954 or before - become eligible for Medicare before January 1, 2020 - and have a right to purchase a Medicare Supplement Plan C or Plan F.
- Individuals born on January 1, 1955 or after - become eligible for Medicare on or after January 1, 2020 - and cannot purchase a Medicare Supplement Plan C or Plan F.

**It is imperative that agents address this issue before completing the application for Medicare Supplement because CMS plans to impose penalties for any policy that is issued incorrectly.**

The following chart displays what is covered under the various plans and who is eligible for which plans:

Benefits	Plans Available to All Applicants								Plans Available ONLY to those first eligible before 01/01/2020	
	A	B	D	G / G <sup>1</sup>	K	L	M	N	C	F / F <sup>1</sup>
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
							✓	copays apply <sup>3</sup>		
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in [2019] <sup>2</sup>					\$[5560] <sup>2</sup>	\$[2780] <sup>2</sup>				

<sup>1</sup>Plans F and G also have a high deductible option which require first paying a plan deductible of \$[2300] before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

<sup>2</sup>Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

<sup>3</sup>Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.

## **POLICY ISSUE GUIDELINES**

All applicants must be covered under Medicare Part A and B on the effective date of the policy. 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 Federal Income taxes are filed should be considered as the state of residence. Please refer to the introductory materials you received for any required forms specific to your state.

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

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

Applicants covered under Medicare Part B prior to age 65 are eligible for a six-month open enrollment period upon reaching age 65. Coverage could be effective the earliest of the first of the month in which the applicant is turning 65 or thereafter. Applications may be submitted up to 60 days prior to the requested effective date.

During this period, we cannot deny insurance coverage, place conditions on a policy or charge more premium due to past medical conditions. Proof of coverage under Medicare Part B is required for applicants who are outside the six months of enrollment in Medicare when turning 65. This includes individuals who have postponed enrollment in Medicare Part B at age 65 as well as applicants who are under age 65 and qualify due to disability. Proof of coverage under Medicare Part B includes either a copy of the Medicare Card or the letter from CMS acknowledging when medical benefits begin under Medicare. Proof of the Open Enrollment right needs to be submitted with the application.

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

<b>States with Under Age 65 Requirements—All plans may not be available in all states</b>		
<b>The following states require that Liberty Bankers Life offer coverage to applicants under age 65; in ALL other states, applicants under age 65 are NOT eligible for coverage</b>		
<b>State</b>	<b>Under Age 65 Accepted</b>	<b>Plans Available</b>
Colorado, Delaware, Idaho, Illinois, Kansas, Louisiana, South Dakota	Yes, O/E if applied for within six months of Part B enrollment. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the "Federal Open Enrollment Period" when the applicant turns age 65.	All plans sold are available – (A, F, G, N)
Florida	Yes, O/E if applied for within six months of Part B enrollment or within the first two months after termination of group health coverage. Applications submitted outside of the Open Enrollment period will be subject to the same underwriting criteria used for applicants who are 65 or older and outside of the Open Enrollment period.	All plans sold are available – (A, F, G, N)
Georgia	Yes, O/E if applied for within six months of Part B enrollment. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the "Federal Open Enrollment Period" when the applicant turns age 65. Retroactive enrollment allowed when due to a retroactive eligibility decision made by the SSA.	All plans sold are available – (A, F, G, N)

**States with Under Age 65 Requirements–All plans may not be available in all states**

**The following states require that Liberty Bankers Life offer coverage to applicants under age 65; in ALL other states, applicants under age 65 are NOT eligible for coverage**

<b>State</b>	<b>Under Age 65 Accepted</b>	<b>Plans Available</b>
Kentucky	No Open Enrollment. All applications are underwritten. Always use Preferred rates.	All plans sold are available – (A, F, G, N)
Maryland, Texas	Yes, O/E if applied for within six months of Part B enrollment. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the “Federal Open Enrollment Period” when the applicant turns age 65.	Plan A is available
Mississippi	Yes, O/E if applied for within six months of Part B enrollment. Special Open Enrollment period within the 63 days following termination or disenrollment date for individuals whose coverage under a managed care plan has ended due to cancellation, nonrenewal, or disenrollment. Applications are accepted during Open Enrollment periods. If the applicant does not apply for a policy during an open enrollment period, you cannot write an application until the “Federal Open Enrollment Period” when the applicant turns age 65.	All plans sold are available – (A, F, G, N) Plans A and F if losing coverage under a managed care plan
Montana	Yes, O/E if applied for within six months of Part B enrollment. If applying outside this Open Enrollment period, the application is subject to underwriting & must qualify medically. O/E also applies during the 63-day period following termination of coverage under a group or individual health insurance policy or certificate for a person enrolled, or eligible for enrollment in Medicare Part B.	All plans sold are available – (A, F, G, N)
New Jersey	For applicants age 50 – 64, O/E if applied for within six months of Part B enrollment. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the “Federal Open Enrollment Period” when the applicant turns age 65.	Plans C and D are available †
North Carolina	Yes, O/E if applied for within six months of Part B enrollment. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the “Federal Open Enrollment Period” when the applicant turns age 65.	Plans A, C, F and G are available
Oklahoma	Yes, O/E if applied for within six months of Part B enrollment. If applying outside this O/E period, the application is subject to underwriting & must qualify medically.	Plan A is Available
Pennsylvania	Yes, O/E if applied for within six months of Part B enrollment. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the “Federal Open Enrollment Period” when the applicant turns age 65.”	All Plans sold are available – (A, B, F, G and N)

**States with Under Age 65 Requirements–All plans may not be available in all states**

**The following states require that Liberty Bankers Life offer coverage to applicants under age 65; in ALL other states, applicants under age 65 are NOT eligible for coverage**

State	Under Age 65 Accepted	Plans Available
Tennessee	Yes, O/E if applied for within six months of Part B enrollment. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the “Federal Open Enrollment Period” when the applicant turns age 65. Open Enrollment is also available for persons no longer having access to alternative forms of health insurance coverage due to termination or action unrelated to the individuals status, conduct or failure to pay premium or persons being involuntarily disenrolled from Title XIX (Medicaid) or Title XXI (State Children’s Health Insurance Program) of Social Security Act. Alternative forms of health insurance in the statement above include accident and sickness policies, employer sponsored group health coverage or Medicare Advantage plans, beginning on the date of involuntary loss of coverage.	All plans sold are available – (A, F, G, N)
Wisconsin	Yes, O/E if applied for within six months of Part B enrollment. Applications are only accepted during Open Enrollment. If the applicant does not apply for a policy during this open enrollment period, you cannot write an application until the “Federal Open Enrollment Period” when the applicant turns age 65.	Base policy and riders are available

**† Note: Plans C and F will no longer be available to people who are new to Medicare on or after January 1, 2020. However, if you were eligible for Medicare before January 1, 2020 but not yet enrolled, you may be able to buy Plan C or Plan F. People eligible for Medicare on or after January 1, 2020 have the right to buy Plans D and G instead of Plans C and F**

**UNDER AGE 65 ESRD (END STAGE RENAL DISEASE) REQUIREMENTS**

The following states require us to offer Medicare Supplement coverage, without medical underwriting to individuals under age 65 and on Medicare disability due to End Stage Renal Disease (ESRD):

- Delaware – all plans sold are available (A, F, G, N); premium rates for ESRD are different from the available Plans A, F, G, N under age 65 disabled premium rates.
- Florida – all plans sold are available (A, F, G, N); the open enrollment period is within the first 6 months after the effective date of Medicare Part B or during the 2-month period following termination of coverage under a group health insurance policy. Premium rates for ESRD are the same as the under age 65 disabled premium rates.
- Georgia – all plans sold are available (A, F, G, N); premium rates for ESRD are the same as the available Plans A, F, G, N under age 65 disabled premium rates.
- Texas – only Plan A is available; premium rates for ESRD are the same as the Texas Plan A under age 65 disabled premium rates.

The open enrollment period is within the first 6 months after the effective date of Medicare Part B. Applications written outside this open enrollment period will be declined and premium will be refunded.

**GENERAL UNDERWRITING INFORMATION**

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

will be accepted or declined, and the premium rate will be determined as preferred or standard. Applications signed by a Power of Attorney will only be accepted during periods of Open Enrollment or Guaranteed Issue; they will not be accepted for Selective (Underwritten) Issue.

If the Application is signed by a Power of Attorney, a properly signed and executed Power of Attorney document must be submitted with the application. Specifically, the document should give the Power of Attorney the following authorities:

- Financial/Banking authority – allows the POA to conduct financial transactions (pay premium)
- Insurance authority – allows the POA to enter into insurance contracts (sign application)
- Healthcare authority – allows the POA to make decisions and discuss healthcare issues

There may be additional items that will need to be verified. For example, if more than one person is given the Power of Attorney, is there a given order as to who is first? If the first person named is not the person who signed the application, why is the first person named not serving as the POA? When is the POA to be effective? If the POA will become effective upon written certification of disability or mental incompetence, then we would need a copy of the written certification of disability or lack of competence. We will not be able to process an application that is signed by a Power of Attorney without the proper documentation and explanations needed.

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.

- **Preferred Rates:** To qualify for preferred rates, the applicant must meet **both** the preferred height / weight criteria (chart on Page 24) and the criteria of no tobacco/nicotine/eCigarettes/vaping products use within the last 12 months.
- **Standard Rates:** If the applicant is a tobacco/nicotine/eCigarettes/vaping products user within past 12 months or if the applicant does not fall within the preferred rate height/weight range but does fall within the standard rate height/weight range, the applicant will qualify for standard rates.
- **North Dakota:** In ND only, premium rates are calculated on Tobacco/Nicotine/eCigarettes/vaping products and Non-Tobacco/Non-Nicotine basis only. Height and weight is not a factor for premium calculation – only for determining insurability.

***Throughout this document, any reference to preferred/standard rating applies to all states except ND.***

If the insured was originally issued standard rates and wishes to change to preferred rates, a new fully completed application is required. The insured must meet **both** the preferred height/weight criteria and the criteria of no tobacco/nicotine/eCigarettes/vaping products use within the past 12 months. Any improvement in weight must be maintained for at least 12 months before applying.

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

## APPLICATION DATES

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

## **COVERAGE EFFECTIVE DATES**

Coverage will be made effective as indicated below:

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

## **PHARMACEUTICAL INFORMATION (PHARMACY REPORT)**

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

## **TELEPHONE INTERVIEWS**

Telephone interviews will be made when information is not clear or complete on the application, or if the pharmacy report does not match the application information. In addition, random telephone interviews with applicants will be conducted. Please be sure to advise your clients that we may be calling to verify the information on their application.

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

## **REPLACEMENTS**

A “replacement” takes place when an applicant terminates an existing Medicare Supplement/Select or Medicare Advantage policy and replaces it with a new Medicare Supplement policy.

An internal replacement cannot be applied for using the same plan and same company, except when the applicant is requesting a change from standard to preferred premium rates.

All replacement applications will be underwritten unless not allowed by the state. For both internal and external replacements, a fully completed application is required, MIB check, and a pharmacy report will be obtained. A telephone interview might be needed. Application fee should be included with all new applications.

If the insured is applying for a change to preferred premium rates, a fully completed application is required, and a pharmacy report will be obtained. A telephone interview might be needed.

All replacement applications must include a completed Replacement Notice. One copy is to be left with the applicant; one copy should accompany the application. The replacement cannot be applied for on the exact same coverage and exact same company.

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

## **REINSTATEMENTS**

When a Medicare Supplement policy has lapsed and it is within 90 days of the last paid to date, coverage may be reinstated if approved by underwriting. A fully completed application is required, MIB check, and a pharmacy report will be obtained. A telephone interview might be needed. If reinstatement is approved, the agent’s commission rates will continue based on the policy’s duration. 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 a new policy. All underwriting requirements must be met before a new policy can be issued.

## POLICY DELIVERY RECEIPT

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

## GUARANTEED ISSUE RIGHTS

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

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

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

Guaranteed issue situation	Client has the right to buy
<p>Client is in the original Medicare Plan and has an employer group health Plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays. That coverage is ending.</p> <p><i>Note: In this situation, state laws may vary.</i></p>	<p>Medigap Plan A, B, C, F, K or L that is sold in client's state by any insurance company. †</p> <p>If client has COBRA coverage, client can either buy a Medigap policy/certificate right away or wait until the COBRA coverage ends.</p>
<p>Required supporting documentation could be a dated letter from either the employer or group carrier including the Client's name, type of coverage, coverage-end date, and termination reason.</p>	
<p>Client is in the original Medicare Plan and has a Medicare SELECT policy/certificate. Client moves out of the Medicare SELECT Plan's service area.</p> <p>Client can keep the Medigap policy/certificate or he/she may want to switch to another Medigap policy/certificate.</p>	<p>Medigap Plan A, B, C, F, K or L that is sold by any insurance company in client's state or the state he/she is moving to. †</p>
<p>Required supporting documentation could be a dated letter from the SELECT carrier including the Client's name, type of coverage, coverage-end date, and termination reason.</p>	
<p>Client's Medigap insurance company goes bankrupt and the client loses coverage, or client's Medigap policy/certificate coverage otherwise ends through no fault of client.</p>	<p>Medigap Plan A, B, C, F, K or L that is sold in client's state by any insurance company. †</p>
<p>Required supporting documentation could be a dated letter from the carrier including the Client's name, type of coverage, coverage-end date, and termination reason.</p>	
<p><b>† Note: Plans C and F will no longer be available to people who are new to Medicare on or after January 1, 2020. However, if you were eligible for Medicare before January 1, 2020 but not yet enrolled, you may be able to buy Plan C or Plan F. People eligible for Medicare on or after January 1, 2020 have the right to buy Plans D and G instead of Plans C and F</b></p>	

## LOSS OF MEDICAID QUALIFICATION RIGHTS

State	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 Medigap plan offered by any issuer. †
TN	Client age 65 and older is covered under Medicare Part B, is enrolled under Medicaid (TennCare), and the enrollment involuntarily ceases. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.  Client under age 65 losing Medicaid (TennCare) coverage has a six month Open Enrollment period beginning on the date of involuntary loss of coverage.	Any Medigap plan 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.	Medigap Plan A, B, C, F (including F with a high deductible), K or L offered by any issuer; except that for persons under 65 years of age, it is a policy which has a benefit package classified as Plan A. †
WI	Client is eligible for benefits under Medicare Parts A and B and is covered under the medical assistance program and subsequently loses eligibility in the medical assistance program. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.	Wisconsin's base policy along with any offered rider.  <i>Effective January 1, 2020, Part B Deductible Rider is not available for "newly eligible persons."</i>
<p>† <b>Note: Plans C and F will no longer be available to people who are new to Medicare on or after January 1, 2020. However, if you were eligible for Medicare before January 1, 2020 but not yet enrolled, you may be able to buy Plan C or Plan F. People eligible for Medicare on or after January 1, 2020 have the right to buy Plans D and G instead of Plans C and F</b></p>		

## GROUP HEALTH PLAN PROOF OF TERMINATION

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

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



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

State	Qualifies for Guaranteed Issue...
CO, ID, IL, OH, MT, PA, TX, WI	If the employer sponsored plan is primary to Medicare.
FL	Any individual who is 65 years of age or older, or under 65 years of age and eligible for Medicare by reason of a disability or end-stage renal disease, who is enrolled in Medicare Part B, and who resides in Florida, upon the request of the individual during the 2-month period following termination of coverage under a group health insurance policy.
IA	If the employer sponsored plan's benefits are reduced but does not include a defined threshold
NM, OK, VA	If the employer sponsored plan's benefits are reduced substantially.
LA, KS	No conditions - always qualifies.

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

In Wisconsin, Base policy and all riders are available for all Guaranteed Issue situations.

## **MEDICARE ADVANTAGE (“MA”)**

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

<b>General Election Periods for</b>	<b>Timeframe</b>	<b>Allows for</b>
Annual Election Period (“AEP”)	Oct. 15th – Dec. 7th of every year	<ul style="list-style-type: none"><li>• Enrollment selection for MA (Part C)</li><li>• Disenroll from a current MA Plan</li><li>• Enrollment selection for Medicare Part D Prescription Drug Coverage</li></ul>
Medicare Advantage Open Enrollment Period (OEP)	Jan. 1st – Mar. 31st of every year	<p>Individuals enrolled in an MA plan, including newly MA-eligible individuals, to make a one-time election to go to another MA plan or return to Original Medicare. Individuals using the OEP to make a change may make a coordinating change to add or drop Part D coverage.</p> <p>The MA OEP does not provide an opportunity to switch from original Medicare to a Medicare Advantage Plan.</p> <p>The Medicare Advantage Open Enrollment Period is <b>not</b> synonymous with the Open Enrollment Period provided for Medicare Supplement Plans.</p>

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

### **MEDICARE ADVANTAGE PROOF OF DISENROLLMENT**

If applying for a Medicare supplement, Underwriting cannot issue coverage without proof of disenrollment. If a member dis-enrolls from Medicare Advantage, the MA Plan must notify the member of his/her Medicare supplement Guaranteed Issue rights.

### **VOLUNTARILY DIS-ENROLLING DURING AEP OR OEP AND NOT ELIGIBLE FOR GUARANTEED ISSUE**

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

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

If the applicant is applying during the Medicare Advantage Annual Enrollment Period (AEP), and all of the above information is provided, we will **NOT** require proof of termination from the Medicare Advantage provider. ***It is the applicant's responsibility to dis-enroll from the Medicare Advantage coverage during either the AEP or OEP.*** 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 DIS-ENROLLING OUTSIDE AEP/OEP**

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

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

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

**GUARANTEED ISSUE RIGHTS**

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

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

Guaranteed issue situation	Client has the right to
Client leaves an MA Plan because the company has not followed the rules or has misled the client	Buy Medigap Plan A, B, C, F, K or L that is sold in the client's state by any insurance company. †
Required supporting documentation is a dated letter from CMS confirming that the client was misled and the effective date that the MA Plan has been terminated.	
<b>Wisconsin only:</b> Client's group health plan ended and the client joined a MA Plan for the first time, has been in the plan less than a year, and wants to switch back to Original Medicare.	Buy the base Medigap policy and any riders. <i>Effective January 1, 2020, Part B Deductible Rider is not available for "newly eligible persons"</i>
Required supporting documentation could be a dated letter from either the employer or group carrier including the Client's name, type of coverage, coverage-end date, and termination reason along with documentation as to when the MA Plan began within the past year.	
† <b>Note: Plans C and F will no longer be available to people who are new to Medicare on or after January 1, 2020. However, if you were eligible for Medicare before January 1, 2020 but not yet enrolled, you may be able to buy Plan C or Plan F. People eligible for Medicare on or after January 1, 2020 have the right to buy Plans D and G instead of Plans C and F.</b>	

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

## PREMIUM

### CALCULATING PREMIUM

#### Utilize Outline of Coverage (OOC)

- Determine ZIP code where the client resides and find the correct rate page for that ZIP code
- Determine Plan
- Determine preferred<sup>1</sup> versus standard premium based on height / weight and nicotine status
- Find age/gender - Verify that the age is correct based on date of birth and the coverage effective date
- This will be your base monthly premium<sup>2</sup>

**Preferred rates apply in certain states during open enrollment and guaranteed issue situations. See the Rate Type Available by State chart on the next page for state-specific information.**

<sup>1</sup>**Reminder:** In ND only, premium rates are calculated on Tobacco/Nicotine and Non-Tobacco/Non-Nicotine basis only. Height and weight is not a factor. Further, throughout this document, any reference to preferred/standard rating applies to all states except ND.

<sup>2</sup>**Reminder:** In GA, the Early Enrollment Discount is already applied for the appropriate ages listed in the OOC.

### TYPES OF MEDICARE POLICY RATINGS

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

- **Attained-age rated** – The premium is based on the applicant’s current age so the premium goes up as the applicant gets older. Premiums are low for younger buyers, but go up as they get older. In addition to change in age, premiums may also go up because of inflation and other factors.

### RATE TYPE AVAILABLE BY STATE

State	Preferred / Standard rates <sup>1</sup>	Gender rates	Attained, issue or community rated	Are Preferred <sup>1</sup> rates required during open enrollment / guaranteed issue?	Enrollment / policy fee
AZ	Y	Y	I	N	Y
CO	Y	Y	A	Y	Y
DE	Y	Y	A	N	Y
FL	Y	Y	I	N	Y
GA	Y	Y	I <sup>2</sup>	N	Y
ID	Y	N	I	Y	Y
IA	Y	Y	A	Y	Y
IL	Y	Y	A	Y	Y
IN	Y	Y	A	N	Y
KY	Y	Y	A	Y	Y
KS	Y	Y	A	N	Y
LA	Y	Y	A	Y	Y
MD	Y	Y	A	Y	Y
MI	Y	Y	A	Y	Y
MS	Y	Y	A	N	Y \$6.00
MT	Y	N	A	N	Y
NC	Y	Y	A	Y	Y
ND	Y	Y	A	Tobacco/Nicotine and Non-Tobacco/Non-Nicotine basis only No Tobacco Rates in OE/GI	Y
NE	Y	Y	A	N	Y
NJ	Y	Y	A	Y	Y
NM	Y	Y	A	Y	Y
NV	Y	Y	A	N	Y
OH	Y	Y	A	Y	Y
OK	Y	Y	A	N	Y
PA	Y	Y	A	Y	Y
SC	Y	Y	A	Y	Y
SD	Y	Y	A	N	Y
TN	Y	Y	A	Y	Y
TX	Y	Y	A	N	Y
UT	Y	Y	A	Y	Y
VA	Y	Y	A	Y	Y
WI	Y	Y	A	Y	Y
WV	Y	Y	A	N	N
WY	Y	Y	A	N	Y

<sup>1</sup>In ND only, premium rates are calculated on Tobacco/Nicotine and Non-Tobacco/Non-Nicotine basis only. Height and weight is not a factor. Further, throughout this document, any reference to preferred/standard rating applies to all states except ND.

<sup>2</sup>In GA only, there is an Early Enrollment Discount (EED). Please refer to the Outline of Coverage and Application Packet for more information.

## HOUSEHOLD DISCOUNT (NOT APPLICABLE IN ALL STATES)

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

The household discount is available to:	
<b>AZ, CO, DE, GA, IA, IN, KS, KY, LA, MD, MI, MS, NC, NE, NM, NV, SC, SD, TN, TX, UT, VA, WI, WV, WY</b>	<ul style="list-style-type: none"> <li>• Individuals who live with another adult who is the legal spouse, including validly recognized civil union and/or domestic partners; or</li> <li>• Individuals who, for the past year, have resided with at least one, but no more than three, other adults who are age 18 or older.</li> </ul>
<b>FL</b>	<ul style="list-style-type: none"> <li>• <b><i>Please note: HHD effective 08/01/2019.</i></b></li> <li>• Individuals who live with a legal spouse, including validly recognized civil union and/or domestic partners, who either have an existing Medicare Supplement plan with, or are applying for coverage with Liberty Bankers Life Insurance Company.</li> <li>• Individuals who, for the past year, have resided with at least one, but no more than three, other adults who are age 18 or older, who either have an existing Medicare Supplement plan with, or are applying for coverage with Liberty Bankers Life Insurance Company.</li> </ul>
<b>MT</b>	<ul style="list-style-type: none"> <li>• Individuals who, for the past year, have resided with at least one, but no more than three, other adults who are age 18 or older.</li> </ul>
<b>ND</b>	<ul style="list-style-type: none"> <li>• Individuals who live with a legal spouse, including validly recognized civil union and/or domestic partners, who either have an existing Medicare Supplement plan with, or are applying for coverage with Liberty Bankers Life Insurance Company.</li> </ul>
<b>PA</b>	<ul style="list-style-type: none"> <li>• Individuals who have continuously resided with someone for the last 12 months with whom they are in a legal relationship.</li> </ul>
<b>ID, IL, NJ, OH, OK</b>	<ul style="list-style-type: none"> <li>• Household Discount is not available.</li> <li>• <b><i>Please note: HHD discontinued in Idaho as of 01/01/2018.</i></b></li> </ul>

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

## APPLICATION FEE

There will be a one-time application fee of \$25.00 (fee is \$6.00 in MS) that will be collected with each applicant's initial payment. For a husband and wife written on the same application, \$50.00 in fees must be collected. This will not affect the renewal premiums.

## COMPLETING THE PREMIUM ON THE APPLICATION

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

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

- Complete the calculation: **Initial Premium = Premium – HHD (if applicable) + App Fee = Total.**
- Mark the appropriate mode for the initial payment.
- In GA – on the application the premium calculation formula reads:

**Premium – HHD – EED + App Fee = Total.** Because the Early Enrollment Discount has already been applied to the rates for the appropriate ages, write "included" in the EED section of the initial premium calculation on the application.

### **Renewal Premium**

- Determine how the client wants to be billed going forward (renewal) and select the appropriate mode on the Renewal Premium Mode section on the application.
- Indicate, based on the mode selected, the renewal premium.
- Monthly direct billing is not allowed.

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

## COLLECTION OF PREMIUM

For Direct Bill, available options are Quarterly, Semi-Annual, and Annual. Monthly Direct Bill mode is not allowed. A check for the full modal premium plus the application fee, if any, must be submitted with the application.

For ACH (also referred to as EFT), available options are Monthly, Quarterly, Semi-Annual and Annual. A check is not required with the application when selecting ACH. The full modal premium plus the application fee, if any, will be drafted immediately upon policy issuance.

- Credit cards and money orders are not accepted.

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

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

## NOTICES AND INITIAL PREMIUM RECEIPT

Complete this page as requested. Leave this page of the application package with the applicant.

## BUSINESS CHECKS

If premium is paid by a business account, complete the information located on the Payor Information section (Part II) of the Method of Payment Form. Business checks are acceptable if they are submitted for the business owner, or the owner's spouse. Payment from a third party, including any foundation, will not be accepted.

## **SHORTAGES**

Liberty Bankers Life will communicate with the producer by telephone, e-mail or FAX in the event of a premium shortage in excess of \$5.00 per modal premium. The application will be held in a pending status until the balance of premium is received. Producers may communicate with us by calling 1-844-770-2400 or by FAX at 1-855-493-9242.

## **REFUNDS**

Liberty Bankers Life will make all refunds to the applicant in the event of rejection, incomplete submission, overpayment, cancellations, etc.

## **PREMIUM CHANGES (NOT ALL STATES ARE ATTAINED AGE)**

The premium for this Policy will change. Because the premium rate is based upon the attained age in most states, the premium will increase from age 65 through age 99. This annual change will occur on each Policy Renewal Date. The Policy Renewal Date coincides with or follows the Policy anniversary date.

The premium may also change for reasons other than attained age.

Please notify Liberty Bankers Life if the insured is no longer eligible for the Household Premium Discount. The discount will be removed. The premium change will occur on the first Policy Renewal Date coinciding with or following the date Liberty Bankers Life was notified of the loss of eligibility.

A premium change for any other reason can occur on any Policy Renewal Date.

Our general practice is not to adjust rates during the first 12 months from the effective date of coverage.

## **ELECTRONIC APPLICATION**

Use of the electronic application by all agents is highly encouraged. The efficiency of the application, underwriting, policy issue, and commission payment process is greatly enhanced. Since it is not possible for an e-app to be submitted unless all of the required questions are answered, a telephone call to the applicant might be avoided. Please access the e-app through the agent portal, and refer to the training material if you are unfamiliar with the tool.

## **PAPER OR PDF APPLICATION**

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

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

## **APPLICATION SECTIONS**

The application must be completed in its entirety. The Medicare Supplement application consists of eight sections that must be completed (Sections 5 and 6 are skipped if OE or GI), plus a ninth section if additional space is needed. Review your applications for the information in the sections listed below before submitting. Any corrections need to be crossed through and initialed/dated by the applicant. White out on the application is not allowed. Additionally, any incomplete or missed questions may require that you obtain the applicant's initials/date and resubmit. Any corrections that are only initialed by the agent are not acceptable. If you need to submit additional information, or if you need to send in corrected pages, only submit the page(s) required, initialed/dated by the applicant, if needed. Please do NOT send the entire application, if you only need to send a few pages.



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

- Entire Section must be completed.
- This section should indicate the Plan or policy form selected, effective date, the policy delivery option (to the agent or to the insured), initial premium paid, the ongoing premium amount, and the premium payment mode selected. Please complete the premium calculation for the proper payment mode selected.

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

## **SECTION 2 – APPLICANT INFORMATION**

- Please complete the client's physical (residential) address in full. The client's physical (residential) state should be based on the home state indicated on page one of the client's federal income tax form 1040. If any correspondence such as premium notices are to be mailed to an address other than the applicant's physical (residential) address, please complete the Mailing Address section in full.
- If the applicant has a second residence, enter the zip code for the second residence. This could help with the accuracy of the pharmacy report and possibly eliminate the need to do a telephone interview. This secondary residence zip has nothing to do with the premium rates and forms that are used. It is obtained only to enhance the quality of the pharmacy report.
- Make sure the Home Phone No. and Best Time to Contact sections are completed.
- Please complete the applicant's name as listed on the Medicare Card or application for Medicare.
- Current Age is the exact age as of the application date; however, premium is calculated as of the effective date.
- Male/Female, State of Birth, and the Social Security Card number sections must be completed.
- Height/Weight and the tobacco & nicotine questions must be completed for all applications unless not allowed by the state for OE or GI only.
- Medicare Card number, also referred to as the Health Insurance Claim ("HIC") number, is required for electronic claims payment.
- Please provide the applicant's e-mail address, if available.
- Verify the applicant answered "Yes" to receiving the Guide to Health Insurance and Outline of Coverage and the Notice of Information Practices. It is required to leave these two documents with the client at the time the application is completed.

## **SECTION 3 - HOUSEHOLD PREMIUM DISCOUNT INFORMATION**

- Complete this section as required.

## **SECTION 4 – INSURANCE POLICIES**

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

complete the appropriate information.

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

### **SECTION 5 – HEALTH QUESTIONS**

- If the applicant is applying during an open enrollment or a guaranteed issue period, do not answer the health questions.
- If applicant is not considered to be in open enrollment or a guaranteed issue situation, or plan selected is not available for GI, all health questions must be answered.

**NOTE:** *In order to be considered eligible for coverage, all health questions #1-15 must be answered “No.” If question 16A is answered “Yes” and any of the questions 16.B,C, D, or E are answered “Yes”, applicant is not eligible.*

### **SECTION 6 – MEDICATION INFORMATION**

- If applicant is not considered to be in open enrollment or a guaranteed issue situation, or plan selected is not available for GI, all medication information must be listed as indicated. Filling out all of the requested details might eliminate the need for a telephone call to the applicant.
- If the applicant is applying during an open enrollment or a guaranteed issue period, do not answer the medication information section.

### **SECTION 7 – METHOD OF PAYMENT**

- To establish monthly premium payments by EFT (“Electronic Funds Transfer”), complete entirely and submit. Please remember to remind the applicant that the first premium will be withdrawn from the account immediately when the policy is issued.
- Premium for this policy is due on the day of the month that coincides with its effective date. For this reason, we encourage policyholders who request automatic bank draft to choose the draft day to be the same as the effective date.
- Please review the Grace Period definition with your applicants. The policy has a 31-day Grace Period following the paid to date, *not the automatic bank draft date*. If the premium is not paid within that Grace Period, the coverage will lapse. If coverage lapses, the policy is no longer in effect and claims incurred after the last paid to date will be denied. In order to be reinstated, medical underwriting may be required.

### **SECTION 8 – AUTHORIZATION AND ACKNOWLEDGEMENT**

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

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

- If someone other than the applicant is signing the application (i.e., Power of Attorney), please include copies of the papers appointing that person as the legal representative. The legal representative should sign their own name as themselves, not as the applicant. Please remember that Power of Attorney will only be accepted on Open Enrollment or Guaranteed Issue applications. A copy of the Power of Attorney document is required prior to issue – please refer to page 13 for more details on the POA Document.

## SECTION 9 – ADDITIONAL COMMENTS

- Used this section to provide additional details and comments that do not fit in previous sections of the application. Attach a separate sheet to the application if more space is needed. The applicant(s) and producer should sign and date all additional sheets attached to the application.

### COMPLETED BY PRODUCER

The producer(s) must certify that they have:

- Provided the applicant with a copy of the replacement notice, if applicable.
- Accurately recorded in the application the information supplied by the applicant, and have interviewed the proposed applicant.

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

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

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

## UNDERWRITING & HEALTH QUESTIONS

Unless an application is completed during open enrollment or a guaranteed period, or plan selected is not available for GI, all health questions, including the question regarding prescription medications, must be answered. Our general underwriting philosophy is to deny Medicare Supplement coverage if any of the health questions #1-15 are answered "Yes." If question 16A is answered "Yes" and **any** of the questions 16B, C, D, or E are answered "Yes", applicant is not eligible.

### HEIGHT AND WEIGHT CHART ELIGIBILITY

The first underwriting question that needs to be determined is whether the applicant is eligible for coverage based on the applicant's height and weight. To determine this, locate the applicant's height, then weight in the chart on the following page. If the weight is above or below the maximum or minimum limit, the applicant is not eligible for coverage at this time.

## HEIGHT AND WEIGHT CHART

	← lower weights – higher weights →		
Height	Standard Premium Weight	* Preferred <sup>1</sup> Premium Weight	Standard Premium Weight
4' 2"	54 - 59	60 - 124	125 - 149
4' 3"	56 - 62	63 - 129	130 - 155
4' 4"	59 - 64	65 - 135	136 - 161
4' 5"	60 - 67	68 - 140	141 - 168
4' 6"	63 - 70	71 - 145	146 - 174
4' 7"	65 - 72	73 - 151	152 - 181
4' 8"	67 - 75	76 - 156	157 - 187
4' 9"	70 - 78	79 - 162	163 - 194
4' 10"	72 - 80	81 - 167	168 - 201
4' 11"	75 - 83	84 - 173	174 - 208
5' 0"	77 - 86	87 - 179	180 - 215
5' 1"	80 - 89	90 - 185	186 - 222
5' 2"	83 - 92	93 - 191	192 - 229
5' 3"	85 - 95	96 - 198	199 - 237
5' 4"	88 - 98	99 - 204	205 - 244
5' 5"	91 - 101	102 - 210	211 - 252
5' 6"	93 - 104	105 - 217	218 - 260
5' 7"	96 - 108	109 - 223	224 - 268
5' 8"	99 - 111	112 - 230	231 - 276
5' 9"	102 - 114	115 - 237	238 - 284
5' 10"	105 - 117	118 - 244	245 - 292
5' 11"	108 - 121	122 - 251	252 - 301
6' 0"	111 - 124	125 - 258	259 - 309
6' 1"	114 - 128	129 - 265	266 - 318
6' 2"	117 - 131	132 - 273	274 - 326
6' 3"	121 - 135	136 - 280	281 - 335
6' 4"	124 - 139	140 - 288	289 - 344
6' 5"	127 - 142	143 - 295	296 - 353
6' 6"	130 - 146	147 - 303	304 - 363
6' 7"	134 - 150	151 - 311	312 - 373
6' 8"	137 - 154	155 - 319	320 - 382
6' 9"	140 - 158	159 - 327	328 - 392
6' 10"	144 - 162	163 - 335	336 - 402
6' 11"	147 - 166	167 - 343	344 - 412
7' 0"	151 - 170	171 - 351	352 - 422
7' 1"	155 - 174	175 - 360	361 - 432
7' 2"	158 - 178	179 - 368	369 - 442
7' 3"	162 - 182	183 - 377	378 - 452
7' 4"	166 - 186	187 - 386	387 - 463

**\* Preferred<sup>1</sup> premium** requires **both** a Preferred Premium Weight (green column) **and** no tobacco or nicotine use within the past 12 months.

If the applicant's weight falls within one of the Standard Premium Weight columns, standard premium rates apply even if the applicant has not used tobacco or nicotine within the past 12 months.

If the applicant's weight is below the lowest Standard Premium Weight or above the highest Standard Premium Weight, the applicant is not insurable.

<sup>1</sup>In ND only, premium rates are Tobacco/Nicotine and Non-Tobacco/Non-Nicotine. Height and weight is not a factor for determination of premium rate. In ND, use the Height/Weight table from the Standard Low to the Standard High to determine insurability.

## MEDICATIONS

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

The medications are listed using a three column format: first in the generic name, followed by common brand names, then the condition treated by the medication. If you only know the brand name of the drug, you can do a word find (word search) using the electronic version of this guide on your computer or tablet to quickly determine if the drug is on the list or not. Or, find out the generic name of the drug, and you can search the table using a printed version of this guide because the drugs are sorted alphabetically by generic name in the first column.

## PARTIAL LIST OF UNINSURABLE MEDICATIONS

Below is a partial list of uninsurable medications. There are two (2) tables – one in Generic Name Order and one in Brand Name Order. Please contact underwriting if you are unsure about a medication that does not appear in the list below.

If the medication is on the list below but is being prescribed for a condition not listed below or is being prescribed in an “off-label” situation, the condition may or may not be insurable. However, if the “off-label” condition being treated is on the list of uninsurable health conditions, the risk is not insurable. If the situation is not clear, it is best to contact underwriting in advance of filling out an application.

Partial List of Uninsurable Medications (in Generic Name Order)		
Generic	Brands	Used for
abacavir	Ziagen	HIV
abarelix	Plenaxis	cancer
abciximab	ReoPro	heart
acamprosate	Campral	alcohol abuse
adalimumab	Humira	rheumatoid arthritis
AL-721	AL-721	AIDS, HIV
albuterol/ipratropium	DuoNeb, Combivent Respimat	COPD
alemtuzumab	Campath, Lemtrada	multiple sclerosis, leukemia
alteplase	Activase	heart, stroke
altretamine	Hexalen	cancer
amantadine	Endantadine, Symmetrel, Symadine	Parkinson's
ambrisentan	Letairis	pulmonary hypertension
amiodarone	Cordarone, Pacerone, Nexterone	heart
anakinra	Kineret	rheumatoid arthritis
anastrozole	Arimidex	cancer
apixaban	Eliquis	cardiovascular, anti-coagulant
apomorphine	Apokyn, Uprima	Parkinson's
aripiprazole	Abilify, Aristada	schizophrenia
asparaginase	Elspar	leukemia
atazanavir	Reyataz	HIV
auranofin	Ridaura	rheumatoid arthritis
aurothioglucose	Solganal	rheumatoid arthritis
aurothiomalate	Myochrysine, Aurolate	severe arthritis
azathioprine	Imuran, Azasan	rheumatoid arthritis, kidney transplant
BCG	TheraCyx, Tice BCG	bladder cancer
becaplermin	Regranex	diabetic neuropathy
benztropine	Cogentin	Parkinson's
bevacizumab	Avastin	cancer
bicalutamide	Casodex	prostate cancer
biperiden hydrochloride	Akineton	Parkinson's
bleomycin	Blenoxane	cancer
bromocriptine	Cycloset, Parlodel	Parkinson's
busulfan	Myleran, Busulfex	cancer
capecitabine	Xeloda	cancer
carbidopa	Lodosyn	Parkinson's

**Partial List of Uninsurable Medications (in Generic Name Order)**

<b>Generic</b>	<b>Brands</b>	<b>Used for</b>
carbidopa/levodopa	Sinemet, Rytary, Duopa, Atamet, Carbilev, Parcopa	Parkinson's
carboplatin	Paraplatin	cancer
chlorambucil	Leukeran	cancer, kidney disease, rheumatoid arthritis
chlorotrianisene	Tace	cancer
chlorpromazine	Thorazine	schizophrenia, psychosis
cilostazol	Pletal	peripheral vascular disease
cinacalcet	Sensipar	hyperparathyroidism due to cancer or kidney disease
cisplatin	Platinol	cancer
cladribine	Leustatin	leukemia
clopidogrel bisulfate	Plavix	cardiovascular, anti-coagulant
clozapine	Clozaril, FazaClo, Versacloz	schizophrenia
cyclophosphamide	Cytosan, Neosar	cancer, rheumatoid arthritis, lupus
cycloserine	Seromycin	tuberculosis
cyclosporine	Neoral, Sandimmune, Gengraf	organ transplant, cancer, severe arthritis
dalteparin	Fragmin	cardiovascular, cancer
dantrolene	Dantrium, Ryanodex, Revonto	multiple sclerosis
darunavir	Prezista	AIDS, HIV
delavirdine	Rescriptor	AIDS, HIV
didanosine	Videx, ddl	AIDS, HIV
dipyridamole	Persantine	cardiovascular
dipyridamole/aspirin	Aggrenox	stroke, TIA
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
enoxaparin	Lovenox	peripheral vascular disease
entacapone	Comtan	Parkinson's
entacapone/levodopa/carbidopa	Stalevo	Parkinson's
epoetin alfa	Epogen, Procrit, Eprex	chronic kidney disease
eptifibatide	Integrilin	heart
ergoloid mesylates	Hydergine	dementia
estramustine	Emcyt	cancer
etanercept	Enbrel	severe arthritis
ethinyl estradiol	Estinyl	cancer
ethopropazine	Parsidol	Parkinson's
etoposide	VePesid, Toposar, Etopophos	cancer
exemestane	Aromasin	cancer
filgrastim	Neupogen, Granix, Zarxio	cancer
flecainide	Tambocor	heart

**Partial List of Uninsurable Medications (in Generic Name Order)**

<b>Generic</b>	<b>Brands</b>	<b>Used for</b>
fluorouracil	Adrucil	cancer
fluphenazine	Modecate, Prolixin, Moditen, Permitil	psychosis
flutamide	Euflex, Eulexin	cancer
fondaparinux	Arixtra	vascular disease
fosamprenavir	Lexiva	HIV
foscarnet sodium	Foscavir	AIDS, HIV
fulvestrant	Faslodex	cancer
galantamine	Razadyne, Reminyl	dementia
glatiramer	Copaxone, Glatopa	multiple sclerosis
gold sodium thiomalate	Myochrysin, Aurolate	severe arthritis
goserelin	Zoladex	cancer
haloperidol	Haldol, Peridol	psychosis
heparin	Calcilean, Calciparine, Hepalean, Liquaemin	cardiovascular
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
interferon beta 1b	Betaseron, Extavia	multiple sclerosis
ipratropium	Atrovent	COPD
isoniazid	Hyzyd, INH, Laniazid, Nydrazid, Rimifon, Tubizid	tuberculosis
isosorbide	Imdur, Isordil	heart
lamivudine	Combivir, 3TC, Epivir	AIDS
lamivudine/zidovudine/abacavir	Trizivir	HIV
letrozole	Femara	cancer
leucovorin	Wellcovorin	cancer
leuprolide	Lupron, Eligard	cancer
levamisole hydrochloride	Ergamisol	cancer
levodopa	Larodopa, Dopar, L-Dopa	Parkinson's
lomustine	Gleostine, CCNU	cancer
lopinavir	Kaletra	HIV
loxapine	Loxitane	schizophrenia
maraviroc	Selzentry	HIV
medroxyprogesterone acetate	Depo-Provera, Provera, Amen, Curretab, Cycrin	cancer
megestrol	Megace	cancer
melphalan	Alkeran	cancer
memantine	Namenda	dementia
methadone	Methadose, Dolophine	severe pain
methotrexate	Trexall, Rheumatrex, Rasuvo, Otrexup	severe arthritis, cancer
mitomycin	Mutamycin	cancer



**Partial List of Uninsurable Medications (in Generic Name Order)**

<b>Generic</b>	<b>Brands</b>	<b>Used for</b>
mitoxantrone	Novantrone	multiple sclerosis, cancer
morphine	Contin, Avinza, Depodur, Duramorph, Infumorph, Astramorph, Kadian, Oramorph, Rapi-Ject, Roxanol	severe pain
mycophenolate	CellCept, Myfortic	myasthenia gravis, organ transplant
naltrexone	ReVia, Vivitrol, Depade	opioid or alcohol detox
natalizumab	Tysabri	multiple sclerosis
nebulizer device		respiratory / pulmonary disorders
nelfinavir	Viracept	AIDS, HIV
neostigmine	Prostigmin, Bloxiverz	Myasthenia Gravis
nesiritide	Natrecor	congestive heart failure
nevirapine	Viramune	AIDS, HIV
nilutamide	Nilandron	cancer
nitroglycerin	glyceryl trinitrate, Nitrol, Nitro Bid, Tridil, NTG	heart
nitroglycerin transdermal	NitroDur, Minitran, Deponit, Nitrocine	heart
olanzapine	Zyprexa	schizophrenia
ondansetron	Zofran	cancer
oxygen		Respiratory / pulmonary disorder
paliperidone	Invega	schizophrenia
penicillamine	Cuprimine, Depen	rheumatoid arthritis, disease of liver or kidneys
pergolide mesylate	Permax	Parkinson's
perphenazine	Trilafon	schizophrenia
pimozide	Orap	schizophrenia
pramipexole	Mirapex	Parkinson's
procainamide	Procanbid, Pronestyl	heart
prochlorperazine	Compazine	psychosis
procyclidine	Kemadrin	Parkinson's
pyridostigmine	Mestinon, Regonol	Myasthenia Gravis
quetiapine	Seroquel	schizophrenia
quinidine	Quinaglute, Quinidex	arrhythmia
rasagiline	Azilect	Parkinson's
riluzole	Rilutek	ALS - amyotrophic lateral sclerosis
risperidone	Risperdal	schizophrenia, psychosis
ritonavir	Norvir	AIDS, HIV
rituximab	Rituxan	non-Hodgkin lymphoma
rivaroxaban	Xarelto	cardiovascular, anti-coagulant
rivastigmine	Exelon	dementia
ropinirole	Requip	Parkinson's
rotigotine	Neupro	Parkinson's
saquinavir	Invirase, Fortovase	AIDS, HIV
selegiline	Carbex, Eldepryl, Zelapar	Parkinson's
sotalol	Betapace, Sorine, Sotylize	heart
stavudine	Zerit, d4T	AIDS, HIV
streptozocin	Zanosar	cancer

**Partial List of Uninsurable Medications (in Generic Name Order)**

<b>Generic</b>	<b>Brands</b>	<b>Used for</b>
tacrine	Cognex	dementia
tacrolimus	Prograf, Hecoria, Astagraf, Envarsus	myasthenia gravis, organ transplant
tamoxifen	Soltamox	cancer
tenofovir	Viread	AIDS, HIV
testolactone	Teslac	cancer
thioridazine	Mellaril	psychosis, dementia
thiotepa	Tespa, Thioplex	cancer
thiothixene	Navane	psychosis
ticlopidine	Ticlid	cardiovascular
tiotropium	Spiriva	COPD
tipranavir	Aptivus	AIDS, HIV
tirofiban	Aggrastat	heart, kidney
tolcapone	Tasmar	Parkinson's
toremifene	Fareston	cancer
trastuzumab	Herceptin	cancer
treprostinil	Tyvaso, Remodulin, Orenitram	pulmonary hypertension
trifluoperazine	Stelazine	schizophrenia, psychosis
trihexyphenidyl	Artane, Trihex	Parkinson's
triptorelin	Trelstar	cancer
valganciclovir	Valcyte	cytomegalovirus disease, HIV
vincristine	Oncovin, Vincasar	cancer
warfarin	Coumadin, Jantoven	cardiovascular, anti-coagulant
zalcitabine	Hivid, ddC	AIDS, HIV
zidovudine	AZT, ZDV, Retrovir	AIDS, HIV, hepatitis
ziprasidone	Geodon	schizophrenia, psychosis
zoledronic acid	Reclast, Zometa	hypercalcemia caused by cancer

**Partial Listing of Uninsurable Medications (in Brand Name order)**

<b>Brands</b>	<b>Generic</b>	<b>Used for</b>
3TC	lamivudine	AIDS
Abilify	aripiprazole	schizophrenia
Activase	alteplase	heart, stroke
Adriamycin	doxorubicin	cancer
Adrucil	fluorouracil	cancer
Aggrastat	tirofiban	heart, kidney
Aggrenox	dipyridamole/aspirin	stroke, TIA
Akineton	biperiden hydrochloride	Parkinson's
AL-721	AL-721	AIDS, HIV
Alkeran	melphalan	cancer
Amen	medroxyprogesterone acetate	cancer
Antabuse	disulfiram	alcohol abuse
Apokyn	apomorphine	Parkinson's
Aptivus	tipranavir	AIDS, HIV
Aricept	donepezil	dementia
Arimidex	anastrozole	cancer
Aristada	aripiprazole	schizophrenia
Arixtra	fondaparinux	vascular disease
Aromasin	exemestane	cancer
Artane	trihexyphenidyl	Parkinson's
Astagraf	tacrolimus	myasthenia gravis, organ transplant
Astramorph	morphine	severe pain
Atamet	carbidopa/levodopa	Parkinson's
Atripla	emtricitabine	AIDS, HIV
Atrovent	ipratropium	COPD
Aurolate	aurothiomalate	severe arthritis
Aurolate	gold sodium thiomalate	severe arthritis
Avastin	bevacizumab	cancer
Avinza	morphine	severe pain
Avonex	interferon beta 1a	multiple sclerosis
Azasan	azathioprine	rheumatoid arthritis, kidney transplant
Azilect	rasagiline	Parkinson's
AZT	zidovudine	AIDS, HIV, hepatitis
Betapace	sotalol	heart
Betaseron	interferon beta 1b	multiple sclerosis
Blenoxane	bleomycin	cancer
Bloxiverz	neostigmine	myasthenia gravis
Busulfex	busulfan	cancer
Caelyx	doxorubicin	cancer
Calcilean	heparin	cardiovascular
Calciparine	heparin	cardiovascular
Campath	alemtuzumab	multiple sclerosis, leukemia
Campral	acamprosate	alcohol abuse

**Partial Listing of Uninsurable Medications (in Brand Name order)**

<b>Brands</b>	<b>Generic</b>	<b>Used for</b>
Carbex	selegiline	Parkinson's
Carbilev	carbidopa/levodopa	Parkinson's
Casodex	bicalutamide	prostate cancer
CCNU	lomustine	cancer
CellCept	mycophenolate	myasthenia gravis, organ transplant
Clozaril	clozapine	schizophrenia
Cogentin	benztropine	Parkinson's
Cognex	tacrine	dementia
Combivent Respimat	albuterol/ipratropium	COPD
Combivir	lamivudine	AIDS
Compazine	prochlorperazine	psychosis
Comtan	entacapone	Parkinson's
Contin	morphine	severe pain
Copaxone	glatiramer	multiple sclerosis
Cordarone	amiodarone	heart
Coumadin	warfarin	cardiovascular, anti-coagulant
Coviracil	emtricitabine	AIDS, HIV
Crixivan	indinavir	AIDS, HIV
Cuprimine	penicillamine	rheumatoid arthritis, disease of liver or kidneys
Curretab	medroxyprogesterone acetate	cancer
Cycloset	bromocriptine	Parkinson's
Cycrin	medroxyprogesterone acetate	cancer
Cytosan	cyclophosphamide	cancer, rheumatoid arthritis, lupus
Dantrium	dantrolene	multiple sclerosis
ddC	zalcitabine	AIDS, HIV
Depade	naltrexone	opioid or alcohol detox
Depen	penicillamine	rheumatoid arthritis, disease of liver or kidneys
Depodur	morphine	severe pain
Deponit	nitroglycerin transdermal	heart
Depo-Provera	medroxyprogesterone acetate	cancer
Dolophine	methadone	severe pain
Dopar	levodopa	Parkinson's
Droxia	hydroxyurea	cancer
DuoNeb	albuterol/ipratropium	COPD
Duopa	carbidopa/levodopa	Parkinson's
Duramorph	morphine	severe pain
Eldepryl	selegiline	Parkinson's
Eligard	leuprolide	cancer
Eliquis	apixaban	cardiovascular, anti-coagulant
Elspar	asparaginase	leukemia
Emcyt	estramustine	cancer
Emtriva	emtricitabine	AIDS, HIV
Enbrel	etanercept	severe arthritis

**Partial Listing of Uninsurable Medications (in Brand Name order)**

<b>Brands</b>	<b>Generic</b>	<b>Used for</b>
Endantadine	amantadine	Parkinson's
Envarsus	tacrolimus	myasthenia gravis, organ transplant
Epivir	lamivudine	AIDS
Epogen	entacapone/levodopa/carbidopa	chronic kidney disease
Eprex	epoetin alfa	chronic kidney disease
Ergamisol	levamisole hydrochloride	cancer
Estinyl	ethinyl estradiol	cancer
Etopophos	etoposide	cancer
Euflex	flutamide	cancer
Eulexin	flutamide	cancer
Exelon	rivastigmine	dementia
Extavia	interferon beta 1b	multiple sclerosis
Fareston	toremifene	cancer
Faslodex	fulvestrant	cancer
FazaClo	clozapine	schizophrenia
Femara	letrozole	cancer
Fortovase	saquinavir	AIDS, HIV
Foscavir	foscarnet sodium	AIDS, HIV
Fragmin	dalteparin	cardiovascular, cancer
Fuzeon	enfuvirtide	AIDS, HIV
Gengraf	cyclosporine	organ transplant, cancer, severe arthritis
Geodon	ziprasidone	schizophrenia, psychosis
Glatopa	glatiramer	multiple sclerosis
Gleevec	imatinib	cancer
Gleostine	lomustine	cancer
glyceryl trinitrate	nitroglycerin	heart
Granix	filgrastim	cancer
Haldol	haloperidol	psychosis
Hecoria	tacrolimus	myasthenia gravis, organ transplant
Hepalean	heparin	cardiovascular
Herceptin	trastuzumab	cancer
Hexalen	altretamine	cancer
Hivid	zalcitabine	AIDS, HIV
Humira	adalimumab	rheumatoid arthritis
Hydergine	ergoloid mesylates	dementia
Hydrea	hydroxyurea	cancer
Hyzyd	isoniazid	tuberculosis
IDV	indinavir	AIDS, HIV
Imdur, Isordil	isosorbide	heart
Imuran	azathioprine	rheumatoid arthritis, kidney transplant
Infumorph	morphine	severe pain
INH	isoniazid	tuberculosis
Integrilin	eptifibatide	heart

**Partial Listing of Uninsurable Medications (in Brand Name order)**

<b>Brands</b>	<b>Generic</b>	<b>Used for</b>
Invega	paliperidone	schizophrenia
Invirase	saquinavir	AIDS, HIV
Jantoven	warfarin	cardiovascular, anti-coagulant
Kadian	morphine	severe pain
Kaletra	lopinavir	HIV
Kemadrin	procyclidine	Parkinson's
Kineret	anakinra	rheumatoid arthritis
Laniazid	isoniazid	tuberculosis
Larodopa	levodopa	Parkinson's
L-Dopa	levodopa	Parkinson's
Lemtrada	alemtuzumab	multiple sclerosis, leukemia
Letairis	ambrisentan	pulmonary hypertension
Leukeran	chlorambucil	cancer, kidney disease, rheumatoid arthritis
Leustatin	cladribine	leukemia
Lexiva	fosamprenavir	HIV
Liquaemin	heparin	cardiovascular
Lodosyn	carbidopa	Parkinson's
Lovenox	enoxaparin	peripheral vascular disease
Loxitane	loxapine	schizophrenia
Lupron	leuprolide	cancer
many brands	insulin > 50 units per day	diabetes mellitus
many brands	interferon	AIDS, HIV, cancer, multiple sclerosis, hepatitis
Marinol	dronabinol	cancer
Megace	megestrol	cancer
Mellaril	thioridazine	psychosis, dementia
Mestinon	pyridostigmine	myasthenia gravis
Methadose	methadone	severe pain
Minitran	nitroglycerin transdermal	heart
Mirapex	pramipexole	Parkinson's
Modecate	fluphenazine	psychosis
Moditen	fluphenazine	psychosis
Mutamycin	mitomycin	cancer
Myfortic	mycophenolate	myasthenia gravis, organ transplant
Myleran	busulfan	cancer
Myochrysine	aurothiomalate	severe arthritis
Myochrysine	gold sodium thiomalate	severe arthritis
Namenda	memantine	dementia
Natrecor	nesiritide	congestive heart failure
Navane	thiothixene	psychosis
nebulizer device	nebulizer device	respiratory / pulmonary disorders
Neoral	cyclosporine	organ transplant, cancer, severe arthritis
Neosar	cyclophosphamide	cancer, rheumatoid arthritis, lupus
Neupogen	filgrastim	cancer

**Partial Listing of Uninsurable Medications (in Brand Name order)**

<b>Brands</b>	<b>Generic</b>	<b>Used for</b>
Neupro	rotigotine	Parkinson's
Nexterone	amiodarone	heart
Nilandron	nilutamide	cancer
Nitro Bid	nitroglycerin	heart
Nitrocine	nitroglycerin transdermal	heart
NitroDur	nitroglycerin transdermal	heart
Nitrol	nitroglycerin	heart
Norvir	ritonavir	AIDS, HIV
Novantrone	mitoxantrone	multiple sclerosis, cancer
NTG	nitroglycerin	heart
Nydrazid	isoniazid	tuberculosis
Oncovin	vincristine	cancer
Oramorph	morphine	severe pain
Orap	pimozide	schizophrenia
Orenitram	treprostinil	pulmonary hypertension
Otrexup	methotrexate	severe arthritis, cancer
oxygen	oxygen	Respiratory / pulmonary disorder
Pacerone	amiodarone	heart
Paraplatin	carboplatin	cancer
Parcopa	carbidopa/levodopa	Parkinson's
Parlodel	bromocriptine	Parkinson's
Parsidol	ethopropazine	Parkinson's
Peridol	haloperidol	psychosis
Permax	pergolide mesylate	Parkinson's
Permitil	fluphenazine	psychosis
Persantine	dipyridamole	cardiovascular
Platinol	cisplatin	cancer
Plavix	clopidogrel bisulfate	cardiovascular, anti-coagulant
Plenaxis	abarelix	cancer
Pletal	cilostazol	peripheral vascular disease
Prezista	darunavir	AIDS, HIV
Procanbid	procainamide	heart
Procrit	entacapone/levodopa/carbidopa	chronic kidney disease
Prograf	tacrolimus	myasthenia gravis, organ transplant
Prolixin	fluphenazine	psychosis
Pronestyl	procainamide	heart
Prostigmin	neostigmine	myasthenia gravis
Provera	medroxyprogesterone acetate	cancer
Quinaglute	quinidine	arrhythmia
Quinidex	quinidine	arrhythmia
Rapi-Ject	morphine	severe pain
Rasuvo	methotrexate	severe arthritis, cancer
Razadyne	galantamine	dementia

**Partial Listing of Uninsurable Medications (in Brand Name order)**

<b>Brands</b>	<b>Generic</b>	<b>Used for</b>
Rebif	interferon beta 1a	multiple sclerosis
Reclast	zoledronic acid	hypercalcemia caused by cancer
Regonol	pyridostigmine	myasthenia gravis
Regranex	becaplermin	diabetic neuropathy
Remicade	infliximab	rheumatoid arthritis
Reminyl	galantamine	dementia
Remodulin	treprostinil	pulmonary hypertension
ReoPro	abciximab	heart
Requip	ropinirole	Parkinson's
Rescriptor	delavirdine	AIDS, HIV
Retrovir	zidovudine	AIDS, HIV, hepatitis
ReVia	naltrexone	opioid or alcohol detox
Revonto	dantrolene	multiple sclerosis
Reyataz	atazanavir	HIV
Rheumatrex	methotrexate	severe arthritis, cancer
Ridaura	auranofin	rheumatoid arthritis
Rilutek	riluzole	ALS - amyotrophic lateral sclerosis
Rimifon	isoniazid	tuberculosis
Risperdal	risperidone	schizophrenia, psychosis
Rituxan	rituximab	non-Hodgkin lymphoma
Roferon-A	interferon alfa-2a	AIDS, HIV, cancer
Roxanol	morphine	severe pain
Rubex	doxorubicin	cancer
Ryanodex	dantrolene	multiple sclerosis
Rytary	carbidopa/levodopa	Parkinson's
Sandimmune	cyclosporine	organ transplant, cancer, severe arthritis
Selzentry	maraviroc	HIV
Sensipar	cinacalcet	hyperparathyroidism due to cancer or kidney disease
Seromycin	cycloserine	tuberculosis
Seroquel	quetiapine	schizophrenia
Sinemet	carbidopa/levodopa	Parkinson's
Solganal	aurothioglucose	rheumatoid arthritis
Soltamox	tamoxifen	cancer
Sorine	sotalol	heart
Sotylize	sotalol	heart
Spiriva	tiotropium	COPD
Stalevo	entacapone/levodopa/carbidopa	Parkinson's
Stelazine	trifluoperazine	schizophrenia, psychosis
Sustiva	efavirenz	AIDS, HIV
Symadine	amantadine	Parkinson's
Symmetrel	amantadine	Parkinson's
Tace	chlorotrianisene	cancer
Tambocor	flecainide	heart



**Partial Listing of Uninsurable Medications (in Brand Name order)**

<b>Brands</b>	<b>Generic</b>	<b>Used for</b>
Tasmar	tolcapone	Parkinson's
Teslac	testolactone	cancer
Tespa	thiotepa	cancer
THC	dronabinol	cancer
TheraCyx	BCG	bladder cancer
Thioplex	thiotepa	cancer
Thorazine	chlorpromazine	schizophrenia, psychosis
Tice BCG	BCG	bladder cancer
Ticlid	ticlopidine	cardiovascular
Toposar	etoposide	cancer
Trelstar	triptorelin	cancer
Trexall	methotrexate	severe arthritis, cancer
Tridil	nitroglycerin	heart
Trihex	trihexyphenidyl	Parkinson's
Trilafon	perphenazine	schizophrenia
Trizivir	lamivudine/zidovudine/abacavir	HIV
Truvada	emtricitabine/tenofovir	HIV
Tubizid	isoniazid	tuberculosis
Tysabri	natalizumab	multiple sclerosis
Tyvaso	treprostinil	pulmonary hypertension
Uprima	apomorphine	Parkinson's
Valcyte	valganciclovir	cytomegalovirus disease, HIV
VePesid	etoposide	cancer
Versacloz	clozapine	schizophrenia
Videx ddl	didanosine	AIDS, HIV
Vincasar	vincristine	cancer
Viracept	nelfinavir	AIDS, HIV
Viramune	nevirapine	AIDS, HIV
Viread	tenofovir	AIDS, HIV
Vivitrol	naltrexone	opioid or alcohol detox
Wellcovorin	leucovorin	cancer
Xarelto	rivaroxaban	cardiovascular, anti-coagulant
Xeloda	capecitabine	cancer
Zanosar	streptozocin	cancer
Zarxio	filgrastim	cancer
ZDV	zidovudine	AIDS, HIV, hepatitis
Zelapar	selegiline	Parkinson's
Zerit d4T	stavudine	AIDS, HIV
Ziagen	abacavir	HIV
Zofran	ondansetron	cancer
Zoladex	goserelin	cancer
Zometa	zoledronic acid	hypercalcemia caused by cancer
Zyprexa	olanzapine	schizophrenia

## UNINSURABLE HEALTH CONDITIONS

**The following situations are uninsurable:**

- surgery, medical tests, treatment or therapy that has not been performed
- surgery may be required within the next 12 months for cataract(s)
- hospitalized two or more times within the last two years
- currently hospitalized, bedridden, living in a nursing facility, receiving hospice or home health care, using a wheelchair or a motorized mobility aid

If the applicant has been diagnosed with **diabetes**, any of the factors bulleted below will make the risk not acceptable. Simply being on insulin is not, by itself, a cause for a decline.

- more than 50 units of insulin daily\*
- three or more medications to treat diabetes (insulin and oral)\*
- three or more medications to treat high blood pressure\*
- retinopathy (vision complications)
- neuropathy (neurological complications)
- heart disease of any type

\*If these factors existed more than one year ago but not within the past year, the risk can be insurable. If these factors existed at any time within the past year, the risk is not insurable. If the applicant's history does not fall clearly into either of these two categories, consideration for coverage may be given to those persons with controlled hypertension and diabetes. An applicant is considered to be controlled if his/her A1C reading is 9 or under and his/her blood pressure readings are 150/90 or below. In general, to verify stability there should be no other medical complications related to diabetes or high blood pressure and their A1C and blood pressure reading are within the standards provided above. Individual consideration will be given when appropriate.

**If the client has ever had the following conditions, the risk is not insurable.**

organ transplant
amputation caused by disease
emphysema
chronic pulmonary disorder examples: bronchiectasis, chronic bronchitis, chronic obstructive lung disease, chronic interstitial disease, chronic pulmonary fibrosis, cystic fibrosis, sarcoidosis.
Use of supplemental oxygen or a nebulizer to treat a pulmonary / respiratory disorder
Parkinson's disease
multiple sclerosis
ALS (amyotrophic lateral sclerosis), Lou Gehrig's disease
systemic lupus
myasthenia gravis
Alzheimer's disease
senile dementia
other cognitive disorder
AIDS, ARC or HIV infection

Generally, if the client has been treated or been advised by a physician to have treatment for the following conditions within the last two years, the risk is not insurable. However, for some but not all of these conditions, there might be situations where an applicant has been receiving medical treatment or taking prescription medication for a long-standing and controlled health condition.

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

The conditions listed in the first three rows of the table below are not subject to this special consideration.

internal cancer or melanoma
chronic kidney disease, including end stage renal disease, renal failure
cirrhosis
chronic hepatitis
alcoholism
drug abuse
mental or nervous disorder requiring psychiatric hospitalization
heart attack
coronary artery disease
congestive heart failure
enlarged heart
heart valve surgery including replacement
heart rhythm disorders
use of heart pacemaker or defibrillator
stroke
TIA (transient ischemic attack)
carotid artery disease
peripheral vascular disease
osteoporosis with one or more fractures
rheumatoid arthritis
crippling or disabling arthritis

### DENIAL OF CLAIM AND/OR POLICY RESCISSION

If Liberty Bankers Life determines that any answers provided on the application for insurance were incorrect or untrue, the company has the right to deny benefits or rescind the policy.

## **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 Liberty Bankers Life and attached to the policy to make it part of the contract.

The agent is responsible for submitting completed applications to Liberty Bankers Life's administrative office.

### **AGENT CERTIFICATION**

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

### **MEDICAL RELEASE**

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

### **METHOD OF PAYMENT FORM**

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

### **PREMIUM AND NOTICE OF INFORMATION PRACTICES**

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

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

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

### **CREDITABLE COVER LETTER**

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

### **DISENROLLMENT LETTER**

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

## **STATE SPECIFIC REQUIREMENTS & FORMS**

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

### **COLORADO**

**Form: Commission Disclosure** – This form is to be completed by the agent, and then signed by the agent and applicant. Leave a copy with the applicant and retain a copy in the agent's file for the applicant.

### **FLORIDA**

**Form: Agent Disclosure Form** – This form is to be completed by the agent; signed by the agent and applicant and submitted with the application.

## IOWA

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

## ILLINOIS

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

## KENTUCKY

**Form: Medicare Supplement Checklist** – Form should be completed when replacing a Medicare Supplement or Medicare Advantage plan and submitted with the application. This is updated annually and will have current year in form ID.

## LOUISIANA

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

## MARYLAND

**Eligible Persons for Guaranteed Issue and Open Enrollment** – 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

**Confidential Abuse Information** – This is an optional form which needs to be submitted if completed.

## OHIO

**Form: Sales Appointment Form** – Form must be completed, signed and submitted with the application. In completing this Appointment Form, the form number is the Plan Form number for each plan being applied for and is listed on the Outline of Coverage rate page.

## PENNSYLVANIA

**Guaranteed Issue and Open Enrollment Notice** – This form is to be left with the Applicant.

## SOUTH CAROLINA

**Duplication of Insurance** – Form must be completed, signed and submitted with the application when duplicating Medicare Supplement insurance with other health insurance.

## SOUTH DAKOTA

**Corrections to the Application** – Any correction made on the application must be initialed and dated by the applicant.

## TEXAS

**Form: Definition of Eligible Person for Guaranteed Issue Notice** – This notice must be provided to the client.

## WISCONSIN

**Wisconsin Buyer's Guide** – This replaces the CMS Guide to Health Insurance for People with Medicare and is to be left with the Applicant.



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