



*Sentinel Security  
Life Insurance  
Company*

**Sentinel Security Life Insurance Company  
Medicare Supplement  
Underwriting Guidelines**

# Table of Contents

<b>Contacts</b> .....	Page 1
• Addresses for Mailing and Delivery Receipts	
• Important Phone and FAX Numbers	
• Online Forms	
<b>Introduction</b> .....	Page 2
<b>Policy Issue Guidelines</b> .....	Page 3
• Open Enrollment	
• Additional Open Enrollment Periods	
• States with Under Age 65 Requirements	
• Selective Issue	
• Application Dates	
• Coverage Effective Dates	
• Replacements	
• Reinstatements	
• Medicare Select to Medicare Supplement Conversion Privilege	
• Telephone Interviews	
• Pharmaceutical Information	
• Policy Delivery Receipt	
• Guarantee Issue Rights	
Guaranteed Issue Rights for Voluntary Termination of Group Health Plan	
Additional State Specific Rights	
Guaranteed Issue Rights for Loss of Medicaid Qualification	
<b>Medicare Advantage (MA)</b> .....	Page 8
• Medicare Advantage (MA) Annual Election Period	
• Medicare Advantage (MA) Proof of Disenrollment	
• Guarantee Issue Rights	
<b>Premium</b> .....	Page 10
• Calculating Premium	
• Types of Medicare Policy Ratings	
• Rate Type Available by State	
• Height and Weight Chart	
• Enrollment/Policy Fee	
• Completing the Premium on the Application	
• Collection of Premium	
• Business Checks	
• Conditional Receipt and Notice of Information Practices	
• Shortages	
• Refunds	
• General Administrative Rule – 12 Month Rate	

<b>Application</b> .....	Page 13
<ul style="list-style-type: none"> <li>• Application Sections <ul style="list-style-type: none"> <li>– Plan Information Section</li> <li>– Section 1 – Applicant Information</li> <li>– Section 2 – Miscellaneous Questions</li> <li>– Section 3 – Insurance Policies/Certificates</li> <li>– Section 4 – Health Questions</li> <li>– Section 5 – Billing Information</li> <li>– Section 6 – Signatures</li> </ul> </li> </ul>	
<b>Health Questions</b> .....	Page 15
<ul style="list-style-type: none"> <li>• Uninsurable Health Conditions</li> <li>• Partial List of Medications Associated with Uninsurable Health Conditions</li> </ul>	
<b>Mailing Applications to Prospects</b> .....	Page 19
<ul style="list-style-type: none"> <li>• The Facts</li> <li>• The Process</li> </ul>	
<b>Required Forms</b> .....	Page 21
<ul style="list-style-type: none"> <li>• Application</li> <li>• Agent/Producer Certification Form</li> <li>• Conditional Receipt and Notice of Information Practices</li> <li>• HIPAA Authorization</li> <li>• Replacement Form</li> <li>• Select Disclosure Statement</li> <li>• Select Disclosure Statement Acknowledgment</li> </ul>	
<b>State Special Forms</b> .....	Page 22
<ul style="list-style-type: none"> <li>• California – California Agent / Applicant Meeting Form <ul style="list-style-type: none"> <li>– Guarantee Issue and Open Enrollment Notice for California</li> </ul> </li> <li>• Colorado – Commission Disclosure Form</li> <li>• Iowa – Important Notice Before You Buy Health Insurance</li> <li>• Louisiana - Your Rights Regarding the Release and Use of Genetic Information</li> <li>• Montana – Privacy Notice</li> <li>• Nebraska – Senior Health Counseling Notice</li> <li>• New Mexico – New Mexico Confidential Abuse Information</li> </ul>	

# CONTACTS

## Addresses for Mailing New Business and Delivery Receipts

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

### **Administrative Office Mailing Information**

#### **Mailing Address**

Sentinel Security Life Insurance Company  
P.O. Box 16960  
Clearwater, FL 33766-6960

#### **Overnight/Express Address**

Sentinel Security Life Insurance Company  
2536 Countryside Boulevard, Suite 501  
Clearwater, FL 33763

#### **Administrative Office Telephone Number**

1-888-510-0668

#### **FAX Number for New Business - ACH Applications**

1-855-808-0946

#### **Online Forms, General and State Specific**

<http://www.sentinellife.org>

- Click on "Agents" tab and follow on screen instructions to log in

# INTRODUCTION

This guide provides information about the evaluation process used in the underwriting and issuing of Medicare supplement/Medicare Select insurance policies. Our goal is to process each application as quickly and efficiently as possible while assuring proper evaluation of each risk. To ensure we accomplish this goal, the producer or applicant will be contacted directly by underwriting if there are any problems with an application.

# POLICY ISSUE GUIDELINES

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

## Open Enrollment

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

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

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

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

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

- Persons with a Plan A may only move to another Plan A
- Persons with a Plan B, C, D, E, F, G, M or N may move to any other Plan B, C, D, F (including high deductible), G, M, or N (Whether higher or lower in benefits compared to current plan)
- Persons with a "Standardized" Plan H, I or J may move to another less comprehensive Plan B, C, D, F, G, M or N

For both states please include documentation verifying existing coverage and the Plan information. Documentation may include two of the following; 1) current carriers ID card 2) copy of current policy schedule page 3) copy of billing notice 4) copy of a disenrollment Letter from the policyholder to the current carrier. If only one form of verification is submitted then the applicant(s) will be contacted to verify current coverage.

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

## States currently with Under Age 65 Requirements:

- |                   |  |
|-------------------|--|
| <b>California</b> | Plans A, B, C, & F available.<br>Open enrollment if applied for within six months of Part B enrollment.<br>Not available for individuals with end stage renal disease. |
| <b>Colorado</b>   | All plans available.<br>Open enrollment if applied for within six months of Part B enrollment.   |
| <b>Hawaii</b>     | All plans available.<br>Open enrollment if applied for within six months of Part B enrollment.   |
| <b>Kansas</b>     | All plans available.<br>Open enrollment if applied for within six months of Part B enrollment.   |

<b>Louisiana</b>	All plans available. Open enrollment if applied for within six months of Part B enrollment.
<b>North Carolina</b>	Plans A & F available. Open enrollment if applied for within six months of Part B enrollment.
<b>Oklahoma</b>	Plan A only Open enrollment if applied for within six months of Part B enrollment.
<b>Oregon</b>	All plans available. Open enrollment if applied for within six months of Part B enrollment.
<b>South Dakota</b>	All plans available. Open enrollment if applied for within six months of Part B enrollment.
<b>Texas</b>	Plan A only Open enrollment if applied for within six months of Part B enrollment.

### **Selective Issue**

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

In addition to the health questions, the applicant's height and weight will be taken into consideration when determining eligibility for coverage. Coverage will be declined for those applicants who are outside the established height and weight guidelines.

### **Application Dates**

- Open Enrollment – Up to six months prior to the month the applicant turns age 65
- Underwritten Cases – Up to 60 days prior to the requested coverage effective date
- Individuals whose employer group health plan coverage is ending can apply up to 3 months prior to the requested effective date of coverage.

### **Coverage Effective Dates**

Coverage will be made effective as indicated below:

1. Between age 64 ½ and 65 – The first of the month the individual turns age 65.
2. All Others – Application date or date of termination of other coverage, whichever is later.

### **Replacements**

A "replacement" takes place when an applicant wishes to exchange an existing Medicare supplement policy/certificate from Sentinel Security Life Insurance Company (internal), or any other company (external), for a newer or different Medicare supplement/Select policy. Internal replacements are processed the same as external, requiring a fully completed application.

A policy owner wanting to apply for a non-tobacco plan must complete a new application and qualify for coverage.

The policy/certificate to be replaced must be in force on the date of replacement. All replacements

involving a Medicare supplement, Medicare Select or Medicare Advantage plan must include a completed Replacement Notice. One copy is to be left with the applicant; one copy should accompany the application.

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

### **Reinstatements**

When a Medicare supplement policy has lapsed and it is within 90 days of the last paid to date, coverage may be reinstated, based upon meeting the underwriting requirements. Renewal 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 new coverage. All underwriting requirements must be met before a new policy can be issued.

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

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

### **Telephone Interviews**

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

### **Pharmaceutical Information**

Sentinel 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.

### **Policy Delivery Receipt**

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



## Guarantee Issue Rights

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

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

## Guaranteed Issue Rights for Voluntary Termination of Group Health Plan

State	Qualifies for Guaranteed Issue...
CO, KS, ID, LA, MT, TX	if the employer sponsored plan is primary to Medicare.
CA	if the employer sponsored plan's benefits are reduced, with Part B coinsurance no longer being covered.
IA	if the employer sponsored plan's benefits are reduced, but does not include a defined threshold.
NM, OK	if the employer sponsored plan's benefits are reduced substantially.

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, and OK requirements. Proof of coverage termination is required.

**Guarantee Issue Rights for Loss of Medicaid Qualification**

<b>State</b>	<b>Guarantee Issue Situation</b>	<b>Client has the right to buy. . .</b>
CA	Client is enrolled in Medicare Part B, and as a result of an increase in income or assets, is no longer eligible for Medi-Cal benefits, or is only eligible for Medi-Cal benefits with a share cost and certify at the time of application that they have not met the share of cost.	<b><u>65 years or older</u></b> any Medigap plan offered by any issuer. <b><u>Under Age 65</u></b> Plans A and F. Not available for individuals with end stage renal disease.
KS	Client loses eligibility for health benefits under Medicaid.	any Medigap plan offered by any issuer.
OR	Client is enrolled in an employee welfare benefit plan or a state Medicaid plan that provides health benefits that supplement the benefits under Medicare, and the plan terminates or the plan ceases to provide all such supplemental health benefits.	Medigap Plan A, B, C, F (including F with a high deductible), K or L offered by any issuer.
TX	Client loses eligibility for health benefits under Medicaid.	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.
UT	Client is enrolled in Medicaid and is involuntarily terminated.	Medigap Plan A, B, C, F (including F with a high deductible), K or L offered by any issuer.

# MEDICARE ADVANTAGE (MA)

## Medicare Advantage (MA) Annual Election Period

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

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

### Medicare Advantage (MA) Proof of Disenrollment

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

### Disenroll during AEP and MADP

Complete the MA section on the Medicare supplement application; and

1. Send **ONE** of the following with the application
  - a. A copy of the applicant's MA plan's termination notice
  - b. A copy of the letter the applicant sent to his/her MA plan requesting disenrollment
  - c. A signed statement that the applicant has requested to be disenrolled from his/her MA plan
  - d. Image of insurance ID card (only allowed if MA plan is being terminated)

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

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

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

## Guarantee Issue Rights

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

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

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

If the applicant(s) falls under one of the Guarantee Issue situations outlined above, proof of eligibility must be submitted with the application. In addition to the documents identified above, proper proof may include a letter of credible coverage from the previous carrier or a letter from the applicant's employer.

# PREMIUM

## Calculating Premium

### Utilize Outline of Coverage

- Determine ZIP code where the client resides and find the correct rate page for that ZIP code
- Determine Plan
- Determine if non-tobacco or tobacco
- Find Age/Gender - Verify that the age and date of birth are the exact age as of the application date, this will be your base monthly premium

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

Colorado, Hawaii, Iowa, Louisiana, North Dakota, Utah, and Washington

### Utilizing the Calculate Your Premium Form

- Enter the **base** premium on the first line and proceed with the instructions on the form.

## 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	Tobacco / Non-Tobacco Rates	Gender Rates	Attained, Issue, or Community Rated	Tobacco Rates During Open Enrollment
AZ	Y	Y	I	Y
CA	Y	N	A	Y
CO	Y	Y	A	N
HI	Y	Y	A	N
IA	Y	Y	A	N
ID	Y	N	I	Y
KS	Y	Y	A	Y
LA	Y	Y	A	N
MT	Y	N	A	Y
NC	Y	Y	A	N
ND	Y	Y	A	N
NE	Y	Y	A	Y
NM	Y	Y	A	Y
NV	Y	Y	A	Y
OK	Y	Y	A	Y
OR	Y	Y	A	Y
SD	Y	Y	A	Y
TX	Y	Y	A	Y
UT	Y	Y	A	N
WA	N	N	C	N
WY	Y	Y	A	Y

## Height and Weight Chart

### Eligibility

To determine whether you may purchase coverage, locate your height, then weight in the chart below. If your weight is in the Decline column, we're sorry, you're not eligible for coverage at this time. If your weight is located in the Standard column, you may continue to step 1.

	<b>Decline</b>	<b>Standard</b>	<b>Decline</b>
Height	Weight	Weight	Weight
4' 2"	< 54	54 – 145	146 +
4' 3"	< 56	56 – 151	152 +
4' 4"	< 58	58 – 157	158 +
4' 5"	< 60	60 – 163	164 +
4' 6"	< 63	63 – 170	171 +
4' 7"	< 65	65 – 176	177 +
4' 8"	< 67	67 – 182	183 +
4' 9"	< 70	70 – 189	190 +
4' 10"	< 72	72 – 196	197 +
4' 11"	< 75	75 – 202	203 +
5' 0"	< 77	77 – 209	210 +
5' 1"	< 80	80 – 216	217 +
5' 2"	< 83	83 – 224	225 +
5' 3"	< 85	85 – 231	232 +
5' 4"	< 88	88 – 238	239 +
5' 5"	< 91	91 – 246	247 +
5' 6"	< 93	93 – 254	255 +
5' 7"	< 96	96 – 261	262 +
5' 8"	< 99	99 – 269	270 +
5' 9"	< 102	102 – 277	278 +
5' 10"	< 105	105 – 285	286 +
5' 11"	< 108	108 – 293	294 +
6' 0"	< 111	111 – 302	303 +
6' 1"	< 114	114 – 310	311 +
6' 2"	< 117	117 – 319	320 +
6' 3"	< 121	121 – 328	329 +
6' 4"	< 124	124 – 336	337 +
6' 5"	< 127	127 – 345	346 +
6' 6"	< 130	130 – 354	355 +
6' 7"	< 134	134 – 363	364 +
6' 8"	< 137	137 – 373	374 +
6' 9"	< 140	140 – 382	383 +
6' 10"	< 144	144 – 392	393 +
6' 11"	< 147	147 – 401	402 +
7' 0"	< 151	151 – 411	412 +
7' 1"	< 155	155 – 421	422 +
7' 2"	< 158	158 – 431	432 +
7' 3"	< 162	162 – 441	442 +
7' 4"	< 166	166 – 451	452 +

### Enrollment/Policy Fee

There will be a one-time application fee of \$25.00 that must be collected with each applicant's initial payment. This will not affect the renewal premiums. The application fee doesn't apply in WA.

## Completing the Premium on the Application

### Effective Date

- The effective, or draft date, cannot be on the 29th, 30th or 31st of the month

### Premium Collected

- Indicate the amount of premium collected with the application on the Premium Collected box located on the application

### Renewal Premium

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

**NOTE:** If utilizing Automatic Check Plan (ACH) as a method of payment, please complete Section 5, Billing Information, of the application. If paying the initial premium by ACH, this section must be completed and submitted with the application. The policy will NOT be issued until the billing information is received. At this time Sentinel does not accept payments by credit/debit cards, this portion of Section 5 should not be completed.

## Collection of Premium

At least one month's premium must be submitted with the application. If a mode other than monthly is selected, then the full modal premium must be submitted with the application. In California, only one month's premium can be submitted with the application. If faxing an application, the applicant can only choose monthly ACH and the first draft (Initial payment) will be processed immediately upon approval.

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

## Business Checks

If premium is paid by a business account follow the guidelines below before submitting the application:

### **Initial and Renewal Premium**

Is the applicant:

- (a) unemployed?
- (b) employed, but not working for the business that is paying the premium?
- (c) the business owner or spouse of the business owner?

If (a), (b), or (c) is "Yes," the premium can be paid with a business check/account.

## Conditional Receipt and Notice of Information Practices

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

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

## Shortages

Sentinel will reduce the agent's commissions by the amount of any premium shortage, due to an error in calculation, equal to or less than \$5. However, if the \$25 application fee **is not** included with the initial premium Sentinel will reduce the agent's commissions by an amount not to exceed \$25 per application. Sentinel will communicate with the producer by telephone, e-mail or FAX in the event of a premium shortage greater than the \$5/\$25 thresholds. The application will be held in pending until the balance of the premium is received. Producers may communicate with Underwriting by calling 1-888-510-0668 or by FAX at 1-855-808-0964.

## Refunds

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

## Our General Administrative Rule – 12 Month Rate

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

# APPLICATION

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

## Application Sections

The Medicare supplement application consists of six sections that must be completed. Please be sure to review your applications for the following information before submitting.

### Plan Information Section

- Entire Section must be completed
- This section should indicate the plan or policy form selected, effective date, premium paid, renewal premium, and the premium payment mode selected  
**NOTE:** The Effective date cannot be on the 29th, 30th, or 31st of the month.
- This section allows producers to indicate where they wish a policy to be delivered for each applicant. The policy can be sent to either the producer or the applicant. However, the policy will always be sent to the producer if:
  - There is a premium shortage or other outstanding application requirement
  - The applicant(s) lives in a state that requires a delivery receipt (Louisiana, Nebraska, or South Dakota)
  - No preference is selected

### Section 1 — Applicant Information

- Please complete the client's residence address in full. If premium notices are to be mailed to an address other than the applicant's residence address, please complete the mailing address in full
- Age and Date of Birth are the **exact age** as of the **application date**
- Medicare Card number, also referred to as the Health Insurance Claim (HIC) number, is vital for electronic claims payment
- Height/Weight —This is required on underwritten cases

### Section 2 — Miscellaneous Questions

- Verify the applicant answered "Yes" to receiving the *Guide to Health Insurance* and Outline of Coverage, it is required to leave these two documents with the client at the time the application is completed
- Answer the tobacco question. (Refer to the Calculating Premium section in this guide for a list of states where Tobacco rates do not apply during open enrollment or guarantee issue situations)
- Please indicate if the applicant is covered under Parts A and B of Medicare

### Section 3 — Insurance Policies/Certificates

- If the applicant is applying during a guarantee issue period, be sure to include proof of eligibility
- If the applicant is replacing another Medicare supplement policy/certificate, complete question #2 and include the replacement notice
- If the applicant is leaving a Medicare Advantage plan, complete question #3 and include the replacement notice
- If the applicant has had any other health insurance coverage in the past 63 days, including coverage through a union, employer plan, or other non-Medicare supplement coverage, complete question #4
- Verify if the applicant is covered through his/her state Medicaid program. If Medicaid is paying for benefits beyond the applicant's Part B premium or the Medicare supplement premium for this policy, then the applicant is not eligible for coverage.
- If you have sold any other health insurance policies/certificates to the applicant that are still in force,



#### **Section 4 — Health Questions**

- If the applicant is applying during an open enrollment or a guarantee issue period, do not answer the health questions or prescription information
- If the applicant is not considered to be in open enrollment or a guarantee issue situation, all health questions must be answered, including the question regarding prescription medications  
**NOTE:** In order to be considered eligible for coverage, all health questions must be answered “No”.  
For questions on how to answer a particular health question, see the **Health Questions** section of this guide for clarification.

#### **Section 5 — Billing Information**

- **At this time Sentinel does not accept payments by credit/debit cards, this portion of Section 5 should not be completed**
- If the applicant would like to have his/her payment deducted from their checking or savings account, complete the banking section and have the applicant or account holder, if different, sign  
**NOTE:** The requested draft day cannot be the 29th, 30th or 31st of the month. If a monthly billing mode is chosen, the applicant must complete this section.

#### **Section 6 — Signatures**

- Signatures and dates: required by both applicant(s) and producer. The producer must be appointed in the state where the application is signed. If an application is taken on a Kansas resident, the producer must be appointed in Kansas and in the state where the application is signed  
**NOTE:** Applicant’s signature must match name of applicant on the application. In rare cases where applicant cannot sign his/her name, a mark (“X”) is acceptable. *For their own protection, producers are advised against acting as sole witness.*
- 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

# HEALTH QUESTIONS

Unless an application is completed during open enrollment or a guarantee issue period, all health questions, including the question regarding prescription medications, must be answered. Our general underwriting philosophy is to deny Medicare supplement coverage if any of the health questions are answered "Yes". For a list of uninsurable conditions and the related medications associated with these conditions, please refer to the next two sections in this guide.

There may, however, be situations where an applicant has been receiving medical treatment or taking prescription medication for a long-standing and controlled health condition. Those conditions are listed in health questions 8, 9 and 10.

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

## **Health questions 6 and 7 on the application:**

People with diabetes mellitus that require, or have ever required, more than 50 units of insulin daily, or people with diabetes (insulin dependent or treated with oral medications) who also have one or more of the complicating conditions listed in question #6 on the application, are not eligible for coverage. For purposes of this question, hypertension (high blood pressure) is considered a heart condition. Some additional questions to ask your client to determine if he/she does have a complication include:

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

Consideration for coverage may be given to those persons with well-controlled cases of hypertension and diabetes. A case is considered to be well controlled if the person is taking less than 50 units of insulin daily or no more than two oral medications for diabetes and no more than two medications for hypertension. A combination of less than 50 units of insulin a day and one oral medication would be the same as two oral medications if the diabetes were well controlled. In general, to verify stability, there should be no changes in the dosages or medications for at least two years. Individual consideration will be given where deemed appropriate. We consider hypertension to be stable if recent average blood pressure readings are 150/85 or lower.

## **Health question 8 on the application:**

Malignant Melanoma is considered an internal cancer. Applicants with this type of cancer are not eligible for coverage. Other types of skin cancer, such as basal cell, are not considered internal.

## Uninsurable Health Conditions

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

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

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

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

**Partial List of Medications Associated with Uninsurable Health Conditions.**

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

<b>Medication</b>	<b>Condition</b>	<b>Medication</b>	<b>Condition</b>
3TC	AIDS	Indinavir	AIDS
Alkeran	Cancer	Invega	Schizophrenia
Amantadine	Parkinson's Disease	Invirase	AIDS
Apokyn	Parkinson's Disease	Kaletra	HIV
Aptivus	HIV	Kemadrin	Parkinson's Disease
Aricept	Dementia	Lasix/Furosemide (>60 mg/day)	Heart Disease
Artane	Parkinson's Disease	L-Dopa	Parkinson's Disease
Atripla	HIV	Letairis	Pulmonary Hypertension
Avonex	Multiple Sclerosis	Leukeran	Cancer, Immunosuppression, Severe Arthritis
Azilect	Parkinson's Disease	Levodopa	Parkinson's Disease
AZT	AIDS	Lexiva	HIV
Baclofen	Multiple Sclerosis	Lioresal	Multiple Sclerosis
BCG	Bladder Cancer	Lomustine	Cancer
Betaseron	Multiple Sclerosis	Lupron	Cancer
Cerefolin	Dementia	Megace	Cancer
Carbidopa	Parkinson's Disease	Megestrol	Cancer
Cogentin	Parkinson's Disease	Mellaril	Psychosis
Cognex	Dementia	Melphalan	Cancer
Combivir	HIV	Memantine	Alzheimer's Disease
Comtan	Parkinson's Disease	Methotrexate (>25mg/wk)	Rheumatoid Arthritis
Copaxone	Multiple Sclerosis	Metrifonate	Dementia
Crixivan	HIV	Mirapex	Parkinson's Disease
Cytosan	Cancer, Severe Arthritis, Immunosuppression	Myleran	Cancer
D4T	AIDS	Namenda	Alzheimer's Disease
DDC	AIDS	Natrecor	CHF
DDI	AIDS	Navane	Psychosis
DES	Cancer	Nelfinavir	AIDS
DuoNeb	COPD	Neoral	Immunosuppression, Severe Arthritis
Eldepryl	Parkinson's Disease	Neupro	Parkinson's Disease
Embrel	Rheumatoid Arthritis	Norvir	HIV
Emtriva	HIV	Novatrone	Multiple Sclerosis
Epivir	HIV	Paraplatin	Cancer
Epogen	Kidney Failure, AIDS	Parlodel	Parkinson's Disease
Ergoloid	Dementia	Permax	Parkinson's Disease
Exelon	Dementia	Prednisone (>10 mg/day)	Rheumatoid Arthritis, COPD
Fuzeon	HIV	Prezista	HIV
Galantamine	Dementia	Procrit	Kidney Failure, AIDS
Geodon	Schizophrenia	Prolixin	Psychosis
Gold	Rheumatoid Arthritis	Razadyne	Dementia
Haldol	Psychosis	Remicade	Rheumatoid Arthritis
Herceptin	Cancer	Reminyl	Dementia
Hydergine	Dementia	Remodulin	Pulmonary Hypertension
Hydrea	Cancer	Requip	Parkinson's Disease
Hydroxyurea	Melanoma, Leukemia, Cancer	Rescriptor	HIV
Imuran	Immunosuppression, Severe Arthritis	Retrovir	AIDS
*Insulin (>50 unites/day)	Diabetes	Rebif	Multiple Sclerosis
Interferon	AIDS, Cancer, Hepatitis		

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

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

# MAILING APPLICATIONS TO PROSPECTS

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

## **The Facts**

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

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

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

### **The Sales Process**

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

### **Improve Time Service**

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

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

## The Process

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

Step	Action
1	<p><b>Call the prospect who responded to a lead.</b></p> <p>When you receive a lead, telephone the person to discuss the benefits, rates, and answer questions. Attempt to schedule a face-to-face appointment to review details, ask for the sale and apply for coverage. If the prospect prefers to continue the sales process on the phone, continue to Step 2.</p> <p><b>Note:</b> You must be licensed to sell in the state where the prospect is at the time of solicitation; that is the state where he/she is located when asked the questions on the application.</p>
2	<p><b>Complete the required forms over the telephone.</b></p> <p>Ask the prospect all the questions on the application, replacement notice and state special forms (if needed) and print the answers. Consider repeating his/her responses for accuracy.</p> <p><b>Note:</b> Privacy requirements prohibit discussing eligibility for other products over the telephone.</p>
3	<p><b>Mail forms to the prospect.</b></p> <p>Place the following in an envelope and mail to the prospect:</p> <ul style="list-style-type: none"> <li>• Cover letter (attach your business card): <ul style="list-style-type: none"> <li>- Indicating which forms to sign and what to return to you</li> <li>- Asking the prospect to verify all information including his/her Medicare card number, to make necessary corrections and initial changes</li> <li>- Inviting the prospect to contact you with any questions</li> </ul> </li> <li>• Application and forms (replacement notice and state special forms, if needed) with signature areas and premium highlighted</li> <li>• Outline of Coverage, <i>Guide to Health Insurance for People with Medicare</i></li> <li>• Postage-paid addressed envelope</li> </ul> <p><b>Note:</b> Plan availability and premium rates are based on when the application is signed. The producer must communicate changes in plan availability or premium to the prospect before submitting the forms to Sentinel.</p>
4	<p><b>Prospect reviews and signs forms.</b></p> <p>Once the prospect receives the application and forms, he/she:</p> <ul style="list-style-type: none"> <li>• Verifies the responses and initials any corrections</li> <li>• Signs the application and forms as highlighted</li> <li>• Returns the application and forms to the producer in the provided envelope</li> </ul>
5	<p><b>Verify and sign forms.</b></p> <p>When you receive the envelope from the prospect, you:</p> <ul style="list-style-type: none"> <li>• Check that you have the first premium payment and the completed and signed application and forms</li> <li>• Verify that the prospect initialed any changes</li> <li>• Sign the required items</li> <li>• Send the Premium Receipt to the applicant</li> </ul> <p><b>Note:</b> The producer who solicited the business must sign the application.</p>
6	<p><b>Submit for processing.</b></p> <p>Submit the business (application and forms) in the usual manner.</p>
7	<p><b>Deliver the policy according to current policy delivery guidelines.</b></p>

## Questions?

Call us at, **1-888-510-0668.**

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

The agent is responsible for submitting completed applications to Sentinel's administrative office:

### **Mail:**

Sentinel Security Life Insurance Company

P.O. Box 16960

Clearwater, FL 33766-6960

**Fax** (only if initial premiums will be paid through ACH)

1-855-808-0946

## **Agent/Producer Certification Form**

The Agent Certification form must be completed and signed by both the applicant(s) and agent and submitted with the application.

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

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

## **HIPAA Authorization Form**

Required with all underwritten applications.

## **Replacement Form**

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

## **Select Disclosure Statement**

The Select Disclosure Statement form must be left with the applicant(s) when a Select plan is chosen (Select plans not available in all states).

## **Select Disclosure Statement Acknowledgment**

The Acknowledgment of Receipt of Medicare Select Disclosure Statement must be completed, signed and submitted with the application when a Select plan is chosen.



# STATE SPECIAL FORMS

Forms specifically mandated by states to accompany point of sale material (included in the application pack):

## California

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

**Guarantee Issue and Open Enrollment Notice for California** – This form is included as part of the California application and must be read by the Applicant.

## Colorado

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

## Iowa

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

## Louisiana

**Your Rights Regarding the Release and Use of Genetic Information** – To be left with the Applicant.

## Montana

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

## Nebraska

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

## New Mexico

**New Mexico Confidential Abuse Information** – Optional form, submit copy if completed.