



NEW BUSINESS SUBMISSION – Assurant Health & Golden Rule

1. Prescreen your clients for pre-existing conditions.
2. Check your underwriting guide lines, build charts, notes.
3. If you are unsure or the condition is not listed in your underwriting guide, see your manager, call broker services for Golden Rule or call or email Beata Biedron or Dan Mack for a Pre-screen. Please contact Beata or Dan for Assurant prescreens.

Beata Biedron bbiedron@aplanforeveryone.com Cell: 708-536-0569 Office: 630-827-1902

Dan Mack: dmack@aplanforeveryone.com Cell: 847-812-0998 Office: 630-261-0522

Our direct fax number is **630-225-5090**.

Assurant Health

If you click the **“BEST OPTION PLACEMENT”** button, you must be doing the applications **face to face** with the applicant or by Co-Browsing with the applicant on-line (networking). With each call, your client is asked if this application was submitted face to face or over the phone. If co-browsing on-line please instruct your client to explain this to the underwriter when asked during the phone interview.

- If underwriting determines that the application was submitted incorrectly they will need to re-ask your clients the entire application (questions & Authorizations).
 - If you are not sitting face to face or not co-browsing you must click the 2nd option to have the application emailed to your client for E signatures.
4. For Current Insurance, if you are going to check “YES” on the quote, then make sure you have the current/prior Insurance coverage information on the “Other Coverage” section of the application.
 - To qualify for the **“Current Insurance Premium”** the current/prior Insurance coverage has to be in force for at least 6 months, & any gaps between coverage cannot be more than 60 days.
 - Plans that Do Not Qualify for prior coverage are:
Accident, Disability, Hospital Surgical, Indemnity, Life, Limited Benefit, Supplemental Products such as: Team Corp, Aflac, Cancer Benefit Plans and Assurant Health Supplemental Coverage Plans.

5. Use proper drop down questionnaires for pre-existing conditions. Do not use "Other" questionnaire when there are exact questionnaires for the condition in question.
 - Mental Illness
 - HBP
 - High Cholesterol
6. Document proper names of medications taken including dosage and frequency.
 - Do not use "other" for the name of the medication. You must obtain the actual name of the medication & proper dosage and frequency in order to submit the application.
7. Disclose as much as information about the pre-existing condition as you can. More is always better in this case.
8. Use specific **MEDICAL DIAGNOSIS** for pre-existing conditions when filling out the application.

- Chest pain, back pain, sore muscle, abnormal pap, injury, elevated/abnormal lab results, ankle pain, arm pain, face pain, knee pain, "pain" of any kind, etc...

THESE ARE NOT DIAGNOSIS; those are all symptoms of a diagnosis.

- Don't just say "Accident", & do not use a name of a procedure either (i.e... Rhinoplasty, Discectomy, Fusion, Laparoscopy, Stent placed, etc...).
9. Conditions cannot be underwritten if we do not know what they are. Plus most people know what they have been diagnosed with, and if they do not then they need to be advised to call their Dr.'s to find out before submitting the application, so the correct diagnosis can be put on the application.

10. Submit proper height and weight measurements for all applicants, especially dependents.
Very Important!
11. **Diabetics are accepted on Assurant Health.** No more Aetna for Diabetics. See additional attachment for qualifications or email Beata or Dan.

If you don't have proper information;
DO NOT submit the application until your client provides it to you.

12. Effective date chosen has to coordinate with their current policy's termination date.
13. Draft date should be the same as your effective date.
14. Please stay on top of your client to complete required phone interviews:
- Assurant Health phone interview: 800-596-0049 M-F 7:30am-7:30pm CST
 - AH Spanish Phone Interview Line: 800-800-1212 Ext: 3540 7:30am-5pm CST
 - AH Spanish Customer Service Line: 800-800-1212 Ext: 1748 8:30am-4pm CST
 - Golden Rule Phone interview: 800-307-4217 M-Th 7am-6pm CST & F 7am-5pm CST
 - Golden Rule HBP Q: 866-665-6025 M-F 7am-11pm CST Sat: 9am-4pm CST
15. **Calling Assurant Health underwriting department is not permitted.**

Important Notice Once Application is submitted...

Assurant Health

Incomplete Files Individual Medical:

File is automatically closed out after 30 days. Assurant Health can reopen incomplete files if they receive outstanding medical records & determine they can offer on the applicants, but the file cannot be over 30 to 45 days old (from submission date).

They can reopen a case up to 30 days & a Supervisor/Manager can reopen up to the 45 days, but nothing after 45 days.

Incomplete Files Health Access:

File is automatically closed out after 21 days. File cannot be re-open after 21 days. New application will be needed.

Health Access Applications:

Application fee is not refundable when: policy is incompleted, withdrawn or not taken. Your client will be charged the \$25.00 app fee regardless of the outcome.

Golden Rule

Incomplete Files Individual Medical:

File is automatically closed out after 60 days. You would need to submit a new application.

You can only change the effective date once, during the time it's pending or up to 20 days from the date the policy is mailed out to the customer.

Appeal Process:

In order to appeal a final decision each company requires a written statement by the applicant and his/hers physician with proof of medical records/lab results showing that the applicant has never been treated for such condition.

Appeals take anywhere from 10-14 working days.

Additions of dependents to existing policy:

It requires a paper application fully completed answering medical questions pertaining only to the dependents being added on to the policy.

The primary insured still needs to sign the application and all dependents over the age of 18 that are being added.

Application needs to be signed by the agent and faxed to Beata or Dan at 630-225-5090

And as always please don't forget to follow up with your client and inform them of the current status of their application.

Assurant Health Update Coverage for Qualifying Diabetics

At Assurant Health, we're looking for opportunities to offer health coverage to more individuals. To accomplish this, we're starting our first pilot program with early stage diabetics.

When
As of September, 2010

Underwriting Qualifications

Assurant Health is expanding their underwriting guidelines to include coverage for a qualified segment of diabetics.

Individuals who meet all the following criteria may be eligible for major medical coverage:

- Pre-diabetic or Non-insulin-dependent diabetic
- Age 55 and over
- Non-smoker
- Without diabetic-related health complications (such as eye, kidney, heart, and nerve disorders)
- Not a decline for another reason. they will consider applicants with comorbid conditions rated greater than 75% but less than or equal to 90%

Side Note:

- A1C reading greater than or equal to 6.5 confirms a diagnosis of type II diabetes.

All premiums will include an additional rating for this condition and all applicants are subject to underwriting. Submit the applicant as standard; additional rating is determined by the "Diabetics Underwriting Team" on case by case basis.

If you have a client you believe may qualify for coverage through this program, please submit an application via EASE, Tele-App, or paper application.

AGE RESTRICTIONS PER CARRIER

Assurant

Individual Med/Health Access Plan

Thru age 63; not eligible at age 64+.

Policy terminates at age 65.

STM Short Term Medical

Can apply thru age 64 but not eligible if turning 65 during the policy benefit period.

Golden Rule

Individual Medical

Thru age 64 1/2.

The policy can be kept past age 65 indefinitely if the applicant decides not to apply for Medicare. If the client does apply for Medicare, they have the option to keep the policy which will convert to a 'Carv-Out' policy that will adjust the benefits to supplement the Medicare policy.

STM Short Term Medical

Can apply up to 64 and 11mths, and keep the policy for the duration of the benefit period.

Team Corp

Applicant can apply thru the age of 64, but benefits end when the applicant turns 65.

Humana

Individual Medical

The policy would have to be in force with an effective date no later than the applicant being 64 1/2.

Existing clients can keep the individual policy indefinitely if they do not apply for Medicare.

Applicants are mailed a coordination of benefits prior to age 65 so that if they do decide to apply for Medicare part B, they will have an explanation in how their individual policy benefits can be used in conjunction with the Med B policy.

Aetna

Individual Medical

Applicant and enrolling spouse must be under age 64 3/4.

If they decide to not apply for Medicare then the applicants can keep the individual policy as long as they wish to.