



# Agent Guide

**MEDICARE SUPPLEMENT**

*"Sales Success Begins Here"*



## **NOTICE**

Throughout this guide, references and procedures will refer to the “generic” product. The product approved in your state may have similar application form numbers but may occur in a different sequence.

For the most accurate forms in your state, please access **AgentView** at: <http://AgentView.gafri.com>, for Product Forms and State Specific Product Pages.



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# INTRODUCTION TO MEDICARE SUPPLEMENT

A Medicare Supplement policy is an individual supplemental health insurance plan that provides benefits for all or part of the deductible and coinsurance amounts not covered by Medicare. The Omnibus Budget Reconciliation Act of 1990 (OBRA '90) permits issuance of a Medicare Supplement policy to individuals who have other health insurance plans such as long-term care, specified disease or hospital indemnity policies. However, it is unlawful to sell a Medicare Supplement policy to an individual who already has a Medicare Supplement policy – unless the new policy will replace the existing policy.

There are now twelve (12) standardized Medicare Supplement plans, plus two (2) high-deductible plans. Plans H/I/J have been modified to exclude the drug benefits. Plans K and L (not shown below, but explained in detail in the Outline of Coverage) provide for different cost-sharing for items and services than Plans A–J. This chart briefly outlines the benefits included in each plan. (Note: Federal law requires that Plan A be offered by every company that sells Medicare Supplement.)

## Basic Benefits\*

(Plans A, B, C, D, F, G, H, I and J. Check state-specific outline of coverage for availability.)

A	B	C	D	E	F	G	H	I	J
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
		Skilled Nursing co-insurance	Skilled Nursing co-insurance	Skilled Nursing co-insurance	Skilled Nursing co-insurance	Skilled Nursing co-insurance	Skilled Nursing co-insurance	Skilled Nursing co-insurance	Skilled Nursing co-insurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible			Part B Deductible				Part B Deductible
					Part B Excess (100%)	Part B Excess (80%)		Part B Excess (100%)	Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
			At-Home Recovery			At-Home Recovery		At-Home Recovery	At-Home Recovery
				Preventive Care					Preventive Care

### \*Basic Benefits Include:

Hospitalization: Part A co-insurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B co-insurance (generally 20% of Medicare-approved expenses), or co-payments for hospital outpatient services.

Blood: First three pints of blood each year.

# THE SALES PROCESS

## Sales Tools

- Outline of Coverage
- Brochure (optional)
- Application package

## Leave Behind Materials

Here is a list of marketing materials every agent should have when completing a sale. Remember, some of these materials are required by your state.

- Outline of Coverage (required)
- Brochure (optional)
- Guide to Health Insurance for People with Medicare (required)
- Premium Receipt (contained in application package)
- Replacement Form if replacement Policy (contained in application package, required)
- Any other state specific forms in your application package to be left with applicant)

## The New Policy

- Policy – Check to ensure that the issued policy matches the requested policy.
- Policy Identification Card – For your client’s use when purchasing healthcare services.
- Delivery Receipt – The insured is to sign this and return it to the administrative office. (In states where required)
- Amendments – Your client’s policy may be issued conditionally. If so, an alternate plan of coverage is submitted with the policy giving the applicant the opportunity to accept or decline the offer. If the offer is accepted, the acceptance letter signed by the client is returned, filed and the account activated. If the offer is declined, the policy is terminated as not taken. Failure to return this signed amendment within 30 days (free look period) will result in an automatic cancellation of the policy.



# UNDERSTANDING THE APPLICATION

## During Open Enrollment

The Medicare Supplement Open Enrollment (OE) period lasts six months. OE generally starts on the first day of the month in which the applicant is both age 65 or older and enrolled in Medicare Part B.

- Submit a completed application. Health questions *should not* be answered.
- All plans for sale in the state of residence will be available.

## Outside Open Enrollment (applicants age 65 and older)

- Submit a completed application. Health questions *should* be answered.
- A Phone Verification (PV) will be required for all applicants and a prescription database check will be completed.

## Disabled applicants under the age of 65

Applicants who are under the age of 65 and are disabled (according to Medicare qualification criteria) are generally not offered coverage unless an offer is mandated by the state in which they live. Refer to *Medicare & You*, the official government handbook, for details and updated state guidelines (also available online at [www.medicare.gov](http://www.medicare.gov)).

## Disenrollments/Guaranteed Issue

If the proposed insured loses health coverage under certain circumstances, he or she will have a guaranteed right to purchase the Medicare Supplement plans A, B, C or F offered by the company in the applicant's state. He or she must apply within 63 calendar days following notification of loss of coverage or the actual date that coverage terminates. (If the applicant applies after 63 calendar days, full underwriting will be required.)

Check for any other specific rules in the applicant's state. Once you have determined that Guaranteed Issue circumstances apply:

- Complete an application with the proposed insured.
- Submit a copy of the disenrollment/termination letter with the application.
- Agent commission on a Guaranteed Issue application is a one-time payment of \$25.00.
- Health questions *should not* be answered.



# COMPLETING AN APPLICATION

All sections of a Medicare Supplement application must be completed. Make sure to refer to the application relevant to your state when reviewing this guide.

## The following guidelines apply to all applications:

- Use black ink pen on all documents – no marker pens.
- Draw a line through any errors and have the applicant initial corrections. Do not use correction fluid or similar measures.
- Applications must be submitted within 30 days of the signed application date and cannot have a requested effective date prior to the date the application is signed.
- The requested effective date may not be more than sixty days from the date the application was signed.
- Initial full premium must be submitted on all applications (except for faxed or **e-App** applications). **Neither agent nor agency checks are acceptable.**
- Check all calculations against the premium rate charts, including plan code, area rating, age, etc.
- Applicant and agent must sign and date all designated sections on the application – no Power Of Attorney signatures are acceptable.
- We do not accept stamped signatures from either agents or applicants.
- If applicable, all state-required forms (e.g., replacement, state disclosure and disenrollment/termination letter) should accompany the application at the time of submission.
- A HIPAA Authorization must always be signed and submitted with the application.

## Application submission tips:

- For applicant Height/Weight enter in feet and inches and pounds (see page 14).
- 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.
- A Point-of-Sale Phone Verification (PV) reduces underwriting time. Contact the Austin Office or EMSI to conduct Point-of-Sale Phone Verifications for all Med Supp applications. For instructions on how to complete a PV see page 15.

**REMEMBER:** When checking your clients medications against the Declinable Drug List (CSA-9-0002, found on **AgentView**) always determine how that medication is used. Prescription medications may be used for multiple reasons. Insurability is based on the conditions listed on the actual application. Our Underwriting Department will have the final determination in all cases.

**IMPORTANT NOTE:** The Med Supp business will be issued at the rate class requested by the Agent. If the applicant does not qualify for the requested rate class the next appropriate rate class will be applied.

# E-APP PROGRAM

Our **e-App** electronic application is now available whenever you want, wherever you want in select states for CSA Fraternal Life Med Supp applications on **AgentView**.

**e-App** makes phone sales easy! Save TIME and GAS by using the **e-App** for phone sales. No 'wet' signature required, an electronic signature will be obtained from the applicant during the Phone Verification.

**To access e-App, simply log into AgentView and follow these easy steps:**

1. Select **e-App** from the "Forms & Materials" menu.
2. Select the correct **e-App** for your state.
3. Download the form and Save to your computer. You will need Microsoft Word.
4. Fill out all the forms within the **e-App** file and save a new file copy.
5. If there is no 'wet' signature on the application we are required to obtain a verbal signature from the client. We will contact the client for verification after we receive the **e-App**, or you can help the client set up the Phone Verification using the procedures and contact numbers found on page 15.
6. Log back onto the website and upload the completed application. The file will be checked for common errors and will be submitted for processing.
7. Find recent **e-Apps** from the "Recent Submissions" option.

## AGENTVIEW

The **AgentView** website, <http://AgentView.gafri.com>, gives you the tools to effectively manage your business. Download applications, track your new business, view commission statements and much, much more!

**When you create your account you will:**

1. Enter your last name and social security number (No dashes)
2. Select CSA Fraternal Life
3. Enter your agent number
4. Enter the Zip Code of the mailing address we have on file for your agent number
5. Verify that the correct email address is on file

**On this new site you can find applications, track your new business and:**

- Look up the phone number of your inforce policyholders
- Access Med Supp illustration software
- Download Marketing Materials and New Business Forms
- Submit new business electronically with the all new **e-App**
- Request a review and submit your advertising electronically
- Get agent training
- Choose your own username and password

**If you need additional assistance logging on to the website,  
please contact the Agent Resource Center at 877-454-0923**

# FAXAPP PROGRAM

The FaxApp Program was created by CSA Fraternal Life to ensure faster processing for new business applications. This exciting program gives you quicker issue on business and commissions.

## How Does It Work?

An application with all supporting documents is faxed to **877-704-8186**. A case number is assigned and the application is processed. Your commission is generated the day after issue.

## What Is The Procedure?

You simply complete the application and fax the following to 877-704-8186.

- FaxApp Cover Sheet (CSA-9-0001, found on **AgentView**).
- Application in numeric page order.
- Any state specific forms or replacement forms where applicable.
- Copy of the initial premium check if collected from the client at Point-of-Sale or a void check so that we can draft for the initial premium. You must submit one or the other or the application cannot be processed.

## Instructions:

- For the fastest service send one (1) application per cover sheet and only one application per transmission. You may send up to five (5) applications with a single cover sheet per transmission. **However, do not exceed twenty-five (25) pages per transmission.** Simply complete the application and fax the following to **877-704-8186**.
- Please set your fax machine to receive confirmation to show that your fax went through.
- You will receive a confirmation by email verifying that we have received the application. This confirmation will include the case number. To ensure a speedy confirmation make sure that the email we have for you on file is correct.

## Premium:

- Agents are encouraged to utilize the bank draft authorization to draft for the first premium in lieu of collecting the initial premium from the applicant.
- If you collected initial premium from the applicant **please indicate the case number on the check** and mail the check stapled to the top of the FaxApp cover sheet to:

Imaging-New Business  
P.O. Box 559015, Austin, TX 78755-9015

We must receive the premium within ten (10) days of receipt of the application. If it is not received within ten (10) days we will send you a letter stating that the money for the policy must be submitted immediately. If we do not receive the check after twenty (20) days, a letter will be sent stating the policy will be cancelled in five (5) days unless we receive payment for the issued policy. If we do not receive payment after twenty-five (25) days, a letter will be sent to you and the applicant stating the file has been closed and the policy has been cancelled due to non-payment of premium.

**Questions? Please call the Agent Resource Center at 877-454-0923**



# New Business FaxApp

To: CSA Fraternal Life

Fax #: 877-704-8186

## AGENT'S INFORMATION (Must be Completed)

FROM:	
PHONE #:	FAX #:
WRITING #:	EMAIL:
DATE:	NUMBER OF PAGES: + cover

## APPLICANT'S INFORMATION (Must be Completed)

NAME:	SS#:	<input type="checkbox"/> CWA	<input type="checkbox"/> Draft
NAME:	SS#:	<input type="checkbox"/> CWA	<input type="checkbox"/> Draft
NAME:	SS#:	<input type="checkbox"/> CWA	<input type="checkbox"/> Draft
NAME:	SS#:	<input type="checkbox"/> CWA	<input type="checkbox"/> Draft
NAME:	SS#:	<input type="checkbox"/> CWA	<input type="checkbox"/> Draft

All applications submitted with a single cover sheet must be from the same writing agent.

### Procedures:

You may send up to five applications with a single cover sheet per transmission. However, for the fastest service send one application per cover sheet and only one application per transmission. Simply complete the application and fax the following to **877-704-8186**

- FaxApp Cover Sheet
- Application in numeric page order
- Any state specific or replacement forms where applicable
- **Copy of the initial premium check if collected from the client at Point-of-Sale or a void check so that we can draft for the initial premium. You must submit one or the other or the application cannot be processed.**

### Instructions:

- Please set your fax machine to receive confirmation to show that your fax went through
- You will receive a confirmation by email verifying that we have received the application. **This confirmation will include the case number.**

### Premium:

- Agents are encouraged to utilize the bank draft authorization to draft for the first premium in lieu of collecting the initial premium from the applicant.
- If you collected initial premium from the applicant **please indicate the case number on the check** and mail the check stapled to the top of the FaxApp cover sheet to:

Imaging-New Business  
P.O. Box 559015, Austin, TX 78755-9015

We must receive the premium within 10 days of receipt of the application. If it is not received within 10 days we will send you a letter stating that the money for the policy must be submitted immediately. If we do not receive the check after 20 days, a letter will be sent stating the policy will be cancelled in 5 days unless we receive payment for the issued policy. **If we do not receive payment after 25 days, a letter will be sent to you and the applicant stating the file has been closed and the policy has been cancelled due to non-payment of premium.**

# BANK DRAFT PROCESSING INSTRUCTIONS

Multiple applications drawn from the same bank account by (bank draft) are not acceptable unless written on family members and when the children involved are age 25 or younger.

## Checking account Bank Draft

If the monthly (bank draft) method of payment is chosen from a checking account, complete the entire bank authorization section of the application, obtain the signature of the person who will assume financial responsibility for the policy, and attach a check for the first month's premium (only if mailing the application) and a voided check of the account that will be drafted. Deposit slips are not acceptable in lieu of a voided check. **Please be sure to provide the bank routing number as well as the account number. We cannot process the application without this information.**

## Savings account Bank Draft

If the monthly (bank draft) method of payment is chosen from a savings account, we must have proof of the account number written in the bank draft authorization section. You must send a deposit slip for verification of the account information. **The applicant should obtain, from their bank, the appropriate routing number to draft from a savings account as the routing number listed on the savings account deposit slip may not be correct. Mark through the routing number on the deposit slip and write in the correct routing number for withdrawals as provided by the bank. We cannot process the application without this information.**

If submitting multiple applications please make sure that EACH application has the bank information completed and signed by the person responsible for payment. EACH application must also have a voided check for checking accounts or a deposit slip for a savings account attached.

**For Checking Account:**  
Please include a VOIDED check with the application.

**For Savings Account:**  
Please include a letter from the bank stating the account and routing number of the savings account.

### VOIDED CHECK

0101

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ Dollars

The Routing number is 9 digits between the **⑆ ⑆** symbols.

**⑆ 123456789 ⑆**

The Account number is usually to the left of **⑆**. If check number is left of account number, ignore check number.

**34567890 ⑆**

The Check number should match the upper right corner.

**0101**

## Bank Draft Dates

The bank draft date can be different from the effective date. The draft can be set up for any day of the month between the 1st and 28th.

The first draft date must be clearly marked somewhere near or in the Bank Authorization Part V of the application. Subsequent drafts will occur on the same day each month. If no draft date is indicated on the application, the policy will automatically draft on the same day each month that corresponds with the requested effective date. For example, if the policy is effective on April 15th, the policy will draft each month on the 15th.

# MEDICARE SUPPLEMENT UNDERWRITING GUIDELINES FOR CSA'S 3 CLASSES

One of the biggest advantages CSA Fraternal Life offers is the Preferred Plus\* class rate discounts to our healthiest Med Supp clients. The ability to offer a Preferred Plus class sets us apart from most of our competition. And, we expect 60% of your clients may qualify for our Preferred Plus class rate.

Please do not offer discounted rates to an applicant with health complications. All applications will be fully underwritten. Our underwriting process includes a Phone Verification and a prescription drug screening. If an application is submitted as Preferred Plus and does not meet our criteria, you will be notified, a notice of premium due will be sent with the policy and the application will be held until we receive the additional premium.

## Preferred Plus Class

An applicant may qualify for the Preferred Plus class rate when the applicant meets at least the following minimum requirements:

- All medical questions must be answered "no".
- The applicant is not taking any of the drugs listed on our Declinable Drug List for listed use only (CSA-9-0002, found on **AgentView**).
- The applicant's height and weight must be between the minimum weight and the maximum weight for Preferred Plus class. (see chart on page 14).
- The applicant is not taking more than three maintenance drugs.
- The applicant must not be a tobacco user.

## Preferred Class

Applicants within the Height and Weight Build Chart on page 14 and a non-tobacco user may qualify for our Preferred rate.

## Standard Class

Tobacco users within the Height and Weight Build Chart on page 14 may qualify for our Standard rate

**REMEMBER:** When checking your clients medications against the Declinable Drug List (CSA-9-0002, found on **AgentView**) always determine how that medication is used. Prescription medications may be used for multiple reasons. Insurability is based on the conditions listed on the actual application. Our Underwriting Department will have the final determination in all cases.

You do not need to select a class on the application during Open Enrollment or Guaranteed Issue. These classes are automatically assigned by the company. For rate quoting give the best rate available for their issue age.

\* Preferred Plus class rates are not available in all states. Check your state's Outline of Coverage for availability.

# MEDICARE SUPPLEMENT BUILD CHART

## Height and Weight Guidelines

Applicants whose weight is outside the limits in the build chart are generally considered uninsurable.

**Note:** If the client's height is not included on the chart, please call Underwriting at 866-825-4822.

FEMALE			HEIGHT	MALE		
Minimum Weight	Maximum Weight for Preferred Plus Class	Maximum Weight for Other Classes		Minimum Weight	Maximum Weight for Preferred Plus Class	Maximum Weight for Other Classes
86	168	184	4' 7"	96	179	198
88	173	189	4' 8"	97	183	204
90	177	193	4' 9"	98	187	208
92	181	197	4' 10"	100	192	213
95	184	200	4' 11"	103	195	216
98	188	204	5' 0"	106	199	221
101	191	209	5' 1"	109	203	225
104	196	214	5' 2"	112	208	231
107	200	218	5' 3"	115	212	236
110	204	222	5' 4"	119	216	240
113	210	229	5' 5"	123	223	247
116	215	234	5' 6"	127	228	253
119	221	240	5' 7"	131	234	260
122	225	246	5' 8"	134	239	265
125	232	253	5' 9"	137	246	273
128	239	261	5' 10"	140	253	281
131	245	267	5' 11"	144	260	288
134	252	274	6' 0"	148	267	296
137	258	281	6' 1"	152	273	303
140	263	287	6' 2"	156	279	310
144	269	293	6' 3"	160	285	316
148	274	299	6' 4"	165	290	322
152	279	305	6' 5"	171	296	329
156	285	311	6' 6"	176	302	335
160	291	317	6' 7"	181	306	342
165	296	323	6' 8"	187	310	349
170	301	330	6' 9"	192	314	356
175	307	336	6' 10"	198	318	363

# POINT-OF-SALE AND PHONE VERIFICATION (PV)

## Phone Verification/Prescription Data Base Check

A PV interview and prescription data base check will be conducted on all Med Supp applicants outside an Open Enrollment or Guaranteed Issue period.

## Faster Policy Issue and Faster Commissions with our Point-of-Sale Phone Verification Procedure!

The PV at the Point-of-Sale should be done while you are meeting with your client. The PV can be made with extended hours to better accommodate you in making the call at the Point-of-Sale. Having the ability to initiate this verification call at the Point-of-Sale helps speed processing and gets you paid your commissions faster!

## Austin Office Hours

Monday – Friday 8 a.m. to 8 p.m. Central time

Call our Verification Hotline at 866-825-4822 option 2 to initiate the PV process

## Phone Verification Instructions:

- You (the agent) may initiate the PV call; however, the applicant must personally answer all questions. If the PV call is not initiated at the time of sale, it is your responsibility to make arrangements for the applicant to call as soon as possible. If an application is taken outside the above hours, please have the applicant call the appropriate PV hotline the next business day.
- If the applicant completes the PV on their own, make sure they have:
  - The plan they have chosen
  - A list of their prescription medications
- The phone verifier will confirm that the applicant received the following:
  - An Application
  - The “Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare” Guide
  - Outline of Coverage

The phone verification cannot be completed if the applicant does not have all the above information. The telephone verifier will follow an established script and will review the application questions with the applicant. The average length of call is fifteen minutes. Usual and customary underwriting procedures will remain in place.

**Remember:** The PV is required before policy issue on all Med Supp applications. Make sure you are taking advantage of our Point-of-Sale PV procedure!

**You should check AgentView regularly to review current status on any pending applications.**

# COMMISSIONS

## View Commissions on AgentView

You can view all of your various commission information through our agent website, **AgentView** by clicking on *Agency Management > Commissions*. From here you can view commission statements, commission info by policy, commission summaries for Advance & Earned commissions, and much more.

You can view Advance & Earned commission transactions during a specific pay cycle. You can run this Commission report for a given bi-weekly pay cycle by each of your insurance company agent numbers. Once you run the report, you will see a composite report of advance and earned commission transactions that are a part of your current, future or historical commission cycles. For current pay cycles, you will be able to see Advance transactions only. Earned transactions for current pay cycles are not currently available, but will be forthcoming in the future. On past pay cycles, there's an Earnings Summary that breaks down First Year vs Renewal earnings. Policies on both the Advances and Earnings tabs are linked into policy details which make it easy for you to find information about a particular policy.

To view commission reports on **AgentView** click on *Agency Management > Commissions*, then click on the Commissions Report link under the Related Links section -OR- click on *Agency Management > Reports > Commission Report*.

## Where to find Commission Statements on AgentView

To view advance statements, click on *Agency Management > Commissions > Statement*. Search for Advance statements. When you search for Commission Statements (advance or standard/earned), you will be able to view the payment/direct deposit amount associated with that particular statement.

## Where to find Commission Info by Policy on AgentView

**AgentView** will be able to show you all of your commission information. Click on *Agency Management > Commissions* and you will find tabs for commission summary, policy search and statement search. You can find all commission statements for any policy by using the 'Policy Search' function on the Commissions page. Simply enter the policy number and each commission statement with that policy number will be displayed for easy viewing.

**If you have any questions about viewing your commission statements you can contact our Agent Resource Center at 877-454-0923; select option 2 and then 7.**

## Important Commission Information

If approved by your upline and the company, advance commissions may be available. Advance commissions on newly issued business will be credited to your account on a daily basis. Advances are paid via direct deposit into the agent's account we have on file for that agent.

Earned first year and renewal commissions are credited to your account on a bi-weekly basis. You can find the schedule for 2009 Bi-Weekly Commission statements on **AgentView** in the 'Commissions' link under *Agency Management > Commissions*.

Advances are paid in increments of six, nine or twelve months. Interest is charged on all secured advance balances from inception until they are paid off. An advance balance for an in force policy ("secured advance balance") is paid off by commission earned on that specific policy. Once the advance balance is paid off, future earned commissions are payable to the agent. If the policy advance balance becomes unsecured (the policy lapses, etc.) then the advance balance record is changed to an unsecured advance balance. These unsecured balances are paid off by holding 100% of all commissions payable (new advances as well as earned first or renewal commissions) until recovered. The Great American Supplemental Benefits Group family of companies report only earned commissions as taxable amounts on agent 1099's.

**If you have any questions about your commissions you can contact our Commissions department at 877-237-9130; select option 3 then select 4.**

# CHANGES TO EXISTING INSURANCE

A conversion occurs when an existing CSA Fraternal Life policyholder wishes either to increase or decrease his or her coverage amount.

All conversions to increase benefits will require a new application and be subject to underwriting. To decrease benefits a policy change form is required.

## CONVERSION WITH/WITHOUT UNDERWRITING

**Note:** This assumes that there is not a regulatory requirement to the contrary.

Current Plan	Allow conversion without underwriting to Plan:									
	A	B	C	D	E	F	G	H	I	J
A	—	No	No	No	N/A	No	No	No	No	No
B	Yes	—	No	No	N/A	No	No	No	No	No
C	Yes	Yes	—	No	N/A	No	No	Yes	No	No
D	Yes	Yes	No	—	N/A	No	No	Yes	No	No
E	Yes	Yes	No	No	—	No	No	Yes	No	No
F	Yes	Yes	Yes	No	N/A	—	No	Yes	No	No
G	Yes	Yes	No	Yes	N/A	No	—	Yes	No	No
H	Yes	Yes	No	No	N/A	No	No	—	No	No
I	Yes	Yes	No	Yes	N/A	No	Yes	Yes	—	No
J	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes	Yes	—

### Additional conversion tips:

- “Yes” means allow conversion without underwriting.
- “No” means underwriting required.
- Policies may convert from SELECT plans to the same Standardized plan without Underwriting.
- Policies may also convert from Standardized plans to the same SELECT plan without Underwriting.

Benefit changes (including **within** the 30 day free look period) should be sent to the Client Services department:

CSA Fraternal Life  
 Attn: Client Services  
 P.O. Box 26580  
 Austin, TX 78755-0580

Phone: 877-237-9130  
 Fax: 888-670-0146

# DELIVERY RECEIPTS (in states where required)

For policies that are hand-delivered by the agent to the policyholder:

- The agent should explain all the provisions and benefits to the policyholder, and once completed, the delivery receipts should be signed and dated by the policyholder and the agent.
- One copy should be returned to the administrative office. The agent should keep a copy for his or her records.
- The agent should deliver policies within seven days of receipt.
- Failure to submit the delivery receipt back to the administrative office will not result in the cancellation of the policy. In some states this receipt is intended to protect the agent with proof of delivery. In other states the receipt is required.

## Declined applications

If a client's circumstances fall outside of our limits of insurability, he or she will be notified of the decline in the form of a letter. This letter will identify the specific reasons for the decline. This letter is mailed to the applicant and agent.

## Incomplete applications

We will contact the agent during the application process to obtain information. If the information is not received within 30 business days, the application is terminated as incomplete and a letter sent to the agent. Any refund of premium will be returned to applicant.

## Applications with premium shortages

Applications submitted with premium shortages will be processed within the following guidelines:

PREMIUM SHORTAGE	GUIDELINES
Up to \$10.00	Policy will be issued with shortage amount taken from agent's commissions (in this case the agent is expected to collect shortage amount from client) or via bank draft.
\$10.01 or more	Policy will be issued with a coupon which is a requirement of additional premium due. Notification of this action will be mailed with the policy to the agent. If the additional premium is not received within 45 days, the policy will be terminated and the initial premium refunded to applicant.

# REINSTATEMENTS

When a policy lapses, a Policy Change Form is required for reinstatement of the policy. Please contact the Client Services Department at 877-237-9130 to request a Policy Change Form. *If a policy has lapsed 90 days or more a new application will have to be submitted.*

The Policy Change Form needs to be completed including the entire medical history portion, signed, dated and then returned to the Underwriting Department at the address indicated below. The form must be received within 30 days of the signed date on the form. *Please note that a lapsed policy is subject to the current underwriting guidelines for Medicare Supplement insurance.*

If the policy is approved for reinstatement, the policy will be reinstated with the same policy number. A letter will be sent out from Client Services stating that the reinstatement has been approved and indicating the amount of premium due. Do not submit monies with the completed Policy Change Form.

If the reinstatement is declined, a letter will be sent from Underwriting to the policyholder with the reason(s) why the policy was not reinstated.

Call the Client Services Department at 877-237-9130 or submit request for reinstatement and completed forms to:

CSA Fraternal Life  
P. O. Box 26580 | Austin, TX 78755-0580  
Fax: 888-670-0146 | Email: [ClientServicesGASB@gafri.com](mailto:ClientServicesGASB@gafri.com)

# PREMIUM CALCULATION AND PAYMENTS

## One Time Policy Fee

There is a one time application fee of \$25.00 for agents submitting new business.

## Premium modes

Four modes of premium payment are currently available: Annual, Semi-Annual, Quarterly and Monthly Bank Draft.

## Rate classes

There are three classes of rates for CSA: Preferred Plus, Preferred and Standard (tobacco user). See page 13 for more information.

## Rate calculations during Open Enrollment (or Guaranteed Issue)

Applicants during Open Enrollment or Guaranteed Issue will receive the best rate class available for the issue age in their area. You do not need to select a class on the application — these classes are automatically assigned by the company.

## Premium payments

Premium payments will be accepted only from the policyholder or an immediate family member. No third-party payers will be accepted.

## How to calculate premiums

1. Find the premium for the insured at the age he or she is on the date the application is signed, not the requested date of coverage.
2. Determine the correct rates by using the first three digits of your client's ZIP code
3. Decide which mode of premium payment you will use. The current modes offered are: Annual, Semi-Annual, Quarterly and Monthly Bank Draft. For modes other than Annual, use the appropriate conversion formula:  
Semi-Annual = Annual premium x 0.520  
Quarterly = Annual Premium x 0.265  
Monthly Bank Draft = Annual premium x 0.085
4. Multiply the annual premium by the applicable modal premium factor to obtain the appropriate rate.  
Example: \$1,200 annual premium  
 $\$1,200 \times 0.085$  (Monthly Bank Draft) = \$102.00 monthly rate

# CUSTOMER AND AGENT SERVICES

The website for the Medicare program, [www.medicare.gov](http://www.medicare.gov), contains a great deal of information regarding the program. It also contains the most popular publications listed below. You can view, print, or order publications online or by calling 1-800-MEDICARE (1-800-633-4227). Some of these publications can also be printed from the website.

- Medicare & You
- Choosing A Medigap Policy: A Guide to Health Insurance for People with Medicare
- Your Medicare Benefits

Many other publications have valuable information. For example, *The National Underwriter Company* annually updates *All About Medicare*, its guide to the program.

# CONTACT LIST

We value you as an agent with CSA Fraternal Life. Your business is very important to us and we strive to make doing business with us as easy as possible.

## CSA Fraternal Life

Contact the numbers listed below for ongoing matters.

<b>Agent Resource Center</b>	877-454-0923	
<b>Phone Verification Hotline</b>	866-825-4822 Option 2	<a href="mailto:NewBusinessGASB@gafri.com">NewBusinessGASB@gafri.com</a>
<b>Member Benefit Services</b>	800-543-3272	
To reach any of the following departments, call: <b>877-237-9130</b> ; select option 3 and then select the appropriate option from the menu.		
<b>New Business Status</b>	Option 1	<a href="mailto:NewBusinessGASB@gafri.com">NewBusinessGASB@gafri.com</a>
<b>Med Supp Claims</b>	Option 2	<a href="mailto:MedSupPref@gafri.com">MedSupPref@gafri.com</a>
<b>Underwriting</b>	Option 3	<a href="mailto:NewBusinessGASB@gafri.com">NewBusinessGASB@gafri.com</a>
<b>Commissions</b>	Option 4	<a href="mailto:AustinCommissions@gafri.com">AustinCommissions@gafri.com</a>
<b>Licensing</b>	Option 5	<a href="mailto:Licensing@gasbins.com">Licensing@gasbins.com</a>
<b>Supplies</b>	Option 6	<a href="mailto:AustinSupplies@gafri.com">AustinSupplies@gafri.com</a>
<b>Customer Service</b>	Option 7	<a href="mailto:ClientServicesGASB@gafri.com">ClientServicesGASB@gafri.com</a>

## Fax Numbers

New Business Requirements	512-531-1558
FaxApp Submission	877-704-8186
Client Services / Premium Accounting	888-670-0146
Med Supp Claims	888-670-0137
Supplies	888-417-8267
Commissions	512-531-1469

## Addresses

### New Business / Imaging

P.O. Box 559015  
Austin, TX 78755-9015

### Client Services

P.O. Box 26580  
Austin, TX 78755-0580

Fax: 888-670-0146

Email: [ClientServicesGASB@gafri.com](mailto:ClientServicesGASB@gafri.com)

### CSA Mailing

P.O. Box 26580  
Austin, TX 78755-0580

### Overnight and Express Mail

CSA Fraternal Life  
Medicare Supplement Administrative Offices  
11200 Lakeline Blvd, Suite 100  
Austin, TX 78717



**Medicare Supplement Administrative Offices:**

P.O. Box 26580

Austin, TX 78755-0580