

MUTUAL of OMAHA INSURANCE COMPANY
UNITED WORLD INSURANCE COMPANY

Medicare Supplement

Underwriting Guidelines



TABLE OF CONTENTS

Contacts	Page 1
Addresses for Mailing and Delivery Receipts	
Agency Mailing Information	
Brokerage Mailing Information	
Sales Professional Access (SPA) Links	
Important Phone Numbers	
Introduction	Page 2
Policy Issue Guidelines	Page 3
Open Enrollment	
State with Under Age 65 Requirements	
Selective Issue	
Application Dates	
Coverage Effective Dates	
Replacements	
Medicare Select to Medicare Supplement Conversion Privilege	
Telephone Interviews	
Pharmaceutical Information	
Policy Delivery Receipt	
Guarantee Issue Rules	
Medicare Advantage (MA)	Page 7
Medicare Advantage (MA) Annual Election Period	
Medicare Advantage (MA) Proof of Disenrollment	
Guarantee Issue Rights	
Premium	Page 8
Calculating Premium	
Types of Medicare Policy Ratings	
List of Rate Type Available by State	
Completing the Premium on the Application	
Collection of Premium	
Business Checks	
Conditional Receipt	
Shortages	
Refunds	
General Administrative Rule – 12 Month Rate	
Application	Page 11
Application Sections	
Plan Information Section	
Part I – General Information	
Part II – Existing Coverage Information	
Part III –Health/Medical Questions	
Part IV – Important Statement and Signatures	
Health Questions	Page 12
Uninsurable Health Conditions	
Partial List of Medications Associated with Uninsurable Health Conditions	
Required Forms	Page 15
Application	
Producer Information Page (Brokerage ONLY)	
Authorization to Withdraw Funds	
Conditional Receipt	
HIPAA Authorization	
Replacement Form	
Select Disclosure Agreement	
Agent or Witness Certification for Non English Speaking and/or Reading Applicants	
State Special Forms	

CONTACTS

Addresses for Mailing New Business and Delivery Receipts

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

Agency Mailing Information

Please forward all completed applications to your appropriate Division Office, who will forward them onto Mutual of Omaha's Blair Facility.

Brokerage Mailing Information

Mailing Address

Mutual of Omaha or United World
P.O. Box 3608
Omaha, NE 68103
Blair, NE 68008-6179

Overnight/Express Address

Mutual of Omaha or United World
Records/Mailing Processing Center
9330 State Highway 133

FAX Number for New Business (Brokerage ONLY) - ACH Applications

1-402-351-1078

Sales Professional Access (SPA) Links

Agents: http://www.mutualofomaha.com/sales_professionals/index.html

Brokers: www.mutualofomaha.com/broker

Important Phone Numbers

Area.....	Phone Number
Underwriting.....	1-800-995-9324
Sales Support, Brokerage	1-800-693-6083
Sales Support, Agency	1-877-617-5589
Licensing, Brokerage/Agency.....	1-800-867-6873
Supplies, Brokerage	1-800-673-6493
Supplies, Agency	Contact Local Division Office
Compensation Support Center, Brokerage.....	1-800-475-4465
Compensation Support Center, Agency.....	1-800-775-2212
Customer Service	1-800-354-3289

INTRODUCTION

This guide provides information about the evaluation process used in the underwriting and issuing of Medicare supplement 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 & B in Michigan and Washington; in all other states, only Part A is required. Policy issue is state specific. The applicant's state of residence controls the application, forms, premium and policy issue. If an applicant has more than one residence, the state where taxes are filed should be considered as the state of residence. Please refer to your introductory materials for required forms specific to your state.

Open Enrollment

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

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

Additional Open Enrollment periods for Residents of the following states:

California – Annual open enrollment lasting 30 days, beginning with the individuals birthday, during which time a person may replace any Medicare Supplement policy with a policy of equal or lesser benefits. Please include documentation verifying the Plan information and paid to date of the current coverage. If replacing a pre-standardized Plan a copy of the current policy or policy schedule is required.

Connecticut – Year round open enrollment.

Missouri – Individuals that terminate a Medicare Supplement policy within 30 days of the annual policy anniversary date may obtain the same plan on a guaranteed issue basis from any issuer that offers that plan. This would include Medicare supplement and select plans. Please include documentation verifying the Plan information, paid-to-date and the policy anniversary of the current coverage.

Maine – One month open enrollment period every year in June for Plan A.

Individuals who have had a Medicare Supplement plan or another health plan that supplements benefits provided by Medicare within 90 days are eligible for a plan that provides equal or lesser benefits. Please include documentation verifying the Plan information or the benefits of the coverage being replaced. Also be sure to include documentation showing the current coverage is in force or was in force within the last 90 days.

New York – Year round open enrollment.

Vermont – Year round open enrollment.

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 or G may move to any other Plan B, C, D, E, F or G. (Whether higher or lower in benefits compared to current plan).
- Persons with a Plan H, I, or J may move to another same Plan H, I or J or another less comprehensive Plan B, C, D, E, F or G.
- Please include documentation verifying the Plan information and paid-to-date of the current coverage

States with Under Age 65 Requirements

California	Plans A, B & F available. Guarantee Issue if within 6 months of Part B enrollment. Not available for individuals with end stage renal disease.
Colorado	All plans available. Guarantee Issue if within 6 months of Part B enrollment.
Connecticut	Plan A available from Mutual of Omaha.
Hawaii	All plans available Guarantee Issue if within 6 months of Part B enrollment.
Illinois	All plans available. Guarantee Issue if within 6 months of Part B enrollment.

Kansas	All plans available Guarantee Issue if within 6 months of Part B enrollment.
Kentucky	All plans available. No Guarantee Issue. Applications will be underwritten.
Louisiana	All plans available. Guarantee Issue if within 6 months of Part B enrollment.
Maine	All plans available. Guarantee Issue if within 6 months of Part B enrollment.
Maryland	Plan A & C available. Guarantee Issue if within 6 months of Part B enrollment.
Minnesota	Basic and Extended Basic plans available. Guarantee Issue if within 6 months of Part B enrollment.
Mississippi	All plans available. Guarantee Issue if within 6 months of Part B enrollment.
Missouri	All plans available. Guarantee Issue if within 6 months of Part B enrollment.
New Jersey	Plan C available to people ages 50-64. Guarantee Issue if within 6 months of Part B enrollment.
New York	All plans available.
North Carolina	Plan A available. Guarantee Issue if within 6 months of Part B enrollment.
Oklahoma	Plan A available. Guarantee Issue if within 6 months of Part B enrollment.
Oregon	All plans available. Guarantee issue if within 6 months of Part B enrollment.
Pennsylvania	All plans available. Guarantee issue if within 6 months of Part B enrollment.
South Dakota	All plans available. Guarantee issue if within 6 months of Part B enrollment.
Vermont	All plans available. Not available for individuals with end stage renal disease.
Wisconsin	Base policy and riders available. Guarantee Issue if within 6 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,” the applicant is not eligible for coverage. Applicants will be accepted or declined. Elimination endorsements will not be used.

Application Dates

- Open Enrollment – Up to six months prior to the month the applicant turns age 65
- New York applicants may be taken up to 90 days prior to the month the applicant turns age 65
- Wisconsin applications may be taken up to 90 days prior to the month the applicant turns age 65
- Underwritten Cases – Up to 60 days

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 from United World, one of our affiliate companies (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 policyowner wanting to apply for a non-tobacco plan must complete a new application and qualify for coverage.

The policy to be replaced must be in force on the date of replacement. All replacements involving a Medicare supplement, Medicare Select or Medicare Advantage plan must include a completed Replacement Notice. One copy is to be left with the applicant; one copy should accompany the application.

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

Medicare Select to Medicare Supplement Conversion Privilege

Policyowners covered under a Medicare Select plan with Mutual of Omaha or United World 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 Underwriting may be calling to verify the information on their application.

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

Pharmaceutical Information

Mutual of Omaha and United World have implemented a process to support the collection of pharmaceutical information for underwritten Medicare supplement applications. In order to obtain the pharmaceutical information as requested, please be sure to include a completed “Authorization to Disclose Personal 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 Kentucky, 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 Mutual of Omaha/United World in the postage paid envelope, which is also included in the policy package.

Guarantee Issue Rules

The rules 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 right away or wait until the COBRA coverage ends.</p>
<p>Client is in the original Medicare Plan and has a Medicare SELECT policy. Client moves out of the Medicare SELECT plan's service area.</p> <p>You can keep your Medigap policy or you may want to switch to another Medigap policy.</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 they are moving to.</p>
<p>Client's Medigap insurance company goes bankrupt and the client loses coverage, or client's Medigap policy 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>

MEDICARE ADVANTAGE (MA)

Medicare Advantage (MA) Annual Election Period

General Election Periods for Medicare Advantage (MA)	Time frame	Allows for...
Annual Election Period (AEP)	Nov. 15th – Dec. 31st of every year	<ul style="list-style-type: none"> • Enrollment selection for a MA plan • Disenroll from a current MA plan • Enrollment selection for Medicare Part D
Open Enrollment Period (OEP)	Jan. 1st – Mar. 31st of every year	<ul style="list-style-type: none"> • MA eligible individuals can make one MA • OEP election • Disenroll from a MA-only 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 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 issues rights.

Disenroll during AEP and OEP

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 disenrollment 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.

If an individual is disenrolling after March 31 (outside AEP/OEP):

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 rights 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 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 back if that carrier still sells it. If his/her former Medigap policy 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 the company has not followed the rules, or misled them.	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.

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 premium

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

Arkansas
Colorado
Florida
Iowa
Illinois
Kentucky
Maryland
Missouri
North Carolina
North Dakota
New Jersey
Pennsylvania
Virginia
Wisconsin

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 applicants 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	Company	Tobacco / Non-Tobacco Rates	Gender Rates	Attained, Issue, or Community Rated	Tobacco Rates During Open Enrollment
AK	M	Y	Y	A	Y
AL	UW	Y	Y	A	Y
AZ	UW	Y	Y	I	Y
CA	UW	Y	Y	A	Y
CO	UW	Y	Y	A	N
CT	M	N	N	C	N
DC	M	Y	N	A	Y
DE	UW	Y	Y	A	Y
FL	UW	Y	Y	I	N
GA	UW	Y	Y	I	Y
HI	M	Y	Y	A	Y
ID	UW	Y	N	I	Y
IN	UW	Y	Y	A	Y
IA	UW	Y	Y	A	N
KS	UW	Y	N	A	Y
KY	UW	Y	Y	A	N
LA	UW	Y	Y	A	Y
ME	M	Y	N	C	Y
MD	UW	Y	Y	A	N
MN	UW	Y	N	C	Y
MS	UW	Y	Y	A	Y
MO	UW	Y	Y	I	N
MT	UW	Y	N	A	Y
NE	M	Y	Y	A	Y
NV	UW	Y	Y	A	Y
NJ	UW	Y	Y	A	N
NM	UW	Y	Y	A	Y
NY	M	N	N	C	N
NC	UW	Y	Y	A	N
ND	UW	Y	Y	A	N
OK	UW	Y	Y	A	Y
OR	UW	Y	Y	A	Y
PA	UW	Y	Y	A	N
RI	M	Y	N	N	Y
SD	UW	Y	Y	A	Y
UT	UW	Y	Y	A	Y
VT	M	N	N	C	N
VA	UW	Y	Y	A	N
WA	M	N	N	C	N
WI	UW	Y	Y	A	N
WY	UW	Y	Y	A	Y

Completing the Premium On the Application

Initial Premium

- The premium calculated from the outline will be the amount you enter on the Premium Collected box located on the application
- Circle the appropriate mode for the initial payment.

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 electronic funds as a method of payment, please complete the Authorization To Withdraw Funds Form.

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.

NOTE: The Company does not accept post dated checks or payments from Third Parties, including any Foundations as premium for Medicare Supplement/Select.

Business Checks

If premium is paid by business account, complete the information located on the Producer Information form.

Conditional Receipt

The Conditional Receipt must be completed and provided to applicant if premium is collected.

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

Shortages

The company will communicate with the producer by telephone, e-mail or FAX in the event of a premium shortage.

The application will be held in pending until the balance of the premium is received. Producers may communicate with Underwriting by calling 1-800-995-9324 or by FAX at 1-402-351-2552.

Refunds

The company 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 application date.

APPLICATION

Properly completed applications should be finalized within 5-7 days of receipt at Mutual of Omaha/United World. The ideal turnaround time provided to the producer is 11-14 days, including mail time.

Application Sections

The Medicare supplement application consists of the Plan Information section and 4 parts that must be completed. Please be sure to review your applications for the following information before submitting.

Plan Information

- Entire Section must be completed
- This section should indicate the plan or policy form selected, effective date, premium paid, and the premium payment mode selected — **both initial and renewal**

Part I — General 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
- Complete the client's Social Security Number and E-mail address (if one is available)
- 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 on page 10 for list of states where Tobacco rates do not apply during Open Enrollment or Guarantee Issue situations)

Part II — Existing Coverage Information

- Please indicate if the applicant is covered under Parts A and B of Medicare
- Complete the applicant's Medicare card number if they are covered under Medicare and the date they will be eligible if not.
- If the applicant is applying during a Guarantee Issue period, be sure to include proof of eligibility
- If the applicant has had coverage from any Medicare plan other than original Medicare within the past 63 days including a Medicare Advantage plan, or a Medicare HMO or PPO, or are still covered under this plan, complete question #5 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 #6
- If the applicant has a Medicare supplement insurance policy in force, complete question #7. If the applicant is replacing another Medicare supplement policy, include the replacement notice
- Verify if the applicant is covered through his/her state Medicaid program
- List any other health insurance policies have been sold to the applicant by the Producer

Part III — Health/Medical 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 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.

Part IV — Important Statements and Signatures

- Applicant must read the important statements prior to signing application
- Signatures and dates: required by both applicant and producer. The producer must be appointed in the state where the application is signed

NOTE: Applicant's signature must match name of applicant on the application. In rare cases where applicant cannot sign his/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 page 17.

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.

If you have had questions about the interpretation of health questions f and g on the application, please see the information below.

People with diabetes mellitus that require, or has 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 f 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.

Uninsurable Health Conditions

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

AIDS	Diabetes (MN & WI only)
Alzheimer's Disease	Emphysema
ARC	Kidney disease requiring dialysis
Cirrhosis	Lateral Sclerosis (ALS)
Chronic Obstructive Pulmonary Disease (COPD)	Multiple Sclerosis
Other chronic pulmonary disorders to include:	Osteoporosis with fracture
Chronic bronchitis	Parkinson's Disease
Chronic obstructive lung disease (COLD)	Senile Dementia
Chronic asthma	Other cognitive disorders to include:
Chronic interstitial lung disease	Mild cognitive impairment (MCI)
Chronic pulmonary fibrosis	Delirium
Cystic fibrosis	Organic brain disorder
Sarcoidosis	Spinal Stenosis
Bronchiectasis	
Scleroderma	

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

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.

3TC	AIDS	Megace	Cancer
Alkeran	Cancer	Megestrol	Cancer
Amantadine	Parkinson's Disease	Mellaril	Psychosis
Apokyn	Parkinson's Disease	Melphalan	Cancer
Aricept	Dementia	Memantine	Alzheimer's Disease
Artane	Dementia	Methotrexate (>25mg/wk)	Rheumatoid Arthritis
Avonex	Multiple Sclerosis	Metrifonate	Dementia
Azilect	Parkinson's Disease	Mirapex	Parkinson's Disease
AZT	AIDS	Myleran	Cancer
Baclofen	Multiple Sclerosis	Namenda	Alzheimer's Disease
Betaseron	Multiple Sclerosis	Narcotics	Chronic Pain
Cerefolin	Dementia	Navane	Psychosis
Carbidopa	Parkinson's Disease	Nelfinavir	AIDS
Cogentin	Parkinson's Disease	Neoral	Immunosuppression, Severe Arthritis
Cognex	Dementia	Neupro	Parkinson's Disease
Comtan	Parkinson's Disease	Paraplatin	Cancer
Copaxone	Multiple Sclerosis	Parlodel	Parkinson's Disease
Cytosan	Cancer, Severe Arthritis Immunosuppression	Permax	Parkinson's Disease
D4T	AIDS	Prednisone (>10 mg/day)	Rheumatoid Arthritis
DDC	AIDS	Procrit	Kidney Failure, AIDS
DDI	AIDS	Prolixin	Psychosis
DES	Cancer	Razadyne	Dementia
Eldepryl	Parkinson's Disease	Remicade	Rheumatoid Arthritis
Embril	Rheumatoid Arthritis	Reminyl	Dementia
Epogen	Kidney Failure, AIDS	Requip	Parkinson's Disease
Ergoloid	Dementia	Retrovir	AIDS
Exelon	Dementia	Rebif	Multiple Sclerosis
Galantamine	Dementia	Riluzole	ALS
Gold	Rheumatoid Arthritis	Risperdal	Psychosis
Haldol	Psychosis	Ritonavir	AIDS
Herceptin	Cancer	Sandimmune	Immunosuppression, Severe Arthritis
Hydrea	Cancer	Sinemet	Parkinson's Disease
Hydergine	Dementia	Stalevo	Parkinson's Disease
Imuran	Immunosuppression, Severe Arthritis	Stelazine	Psychosis
*Insulin (>50 units/day)	Diabetes	Sustiva	AIDS
Interferon	AIDS, Cancer, Hepatitis	Symmetrel	Parkinson's Disease
Indinavir	AIDS	Tacrine	Dementia
Invirase	AIDS	Tasmar	Parkinson's Disease
Kemadrin	Parkinson's Disease	Teslac	Cancer
Lasix (>60 mg/day)	Heart Disease	Thiotepa	Cancer
L-Dopa	Parkinson's Disease	Thorazine	Psychosis
Leukeran	Cancer, Immunosuppression, Severe Arthritis	Tysabri	Multiple Sclerosis
Levodopa	Parkinson's Disease	VePesid	Cancer
Lioresal	Multiple Sclerosis	Vincristine	Cancer
Lomustine	Cancer	Viramune	AIDS
		Zanosar	Cancer
		Zelapar	Parkinson's Disease
		Zoladex	Cancer

*Coverage not available for individuals with diabetes in MN or WI.

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 Mutual of Omaha/United World and attached to the policy to make it part of the contract.

The Producer or designated office staff is responsible for submitting completed applications to Mutual of Omaha/ United World.

Producer Information Page (Brokerage ONLY)

Producers must include their name and Social Security number. A maximum of two producers is allowed and they should indicate the commission percentage shares, which must total 100%.

Authorization to Withdraw Funds Form

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

Conditional Receipt

Must be completed and provided to applicant as receipt for premium collected.

HIPAA Authorization Form

Required with all underwritten applications.

Replacement Form

The replacement form must be completed, 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.

In New York and Wisconsin, the replacement form must also be completed when replacing any other health insurance.

Select Disclosure Agreement

The Select Disclosure Agreement form must be signed and submitted with the application when a Select plan is chosen (Select plan not available in all states).

Agent or Witness Certification for Non English Speaking and/or Reading Applicants

If the applicant does not speak English, this form is to be completed by the Agent if the Agent is translating or by a witness if a witness is translating. A copy must be submitted with the application and a copy left with the Applicant.

State Special Forms

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

Arkansas

Documentation of Solicitation of Medicare Related Products – To be completed by Agent and retained by the Agent in the applicant's file.

California

California Agent / Applicant Meeting Form – To be completed and signed by the United World representative and given to the Applicant when a meeting to discuss Medicare Supplement Insurance is scheduled.

Guarantee Issue and Open Enrollment Notice for California – This form includes the requirements for individuals who are eligible for Guaranteed Issue. This form must be read and signed by the Applicant and Agent. A copy must be submitted with the application and a copy left with the Applicant.

Florida

Florida Certification Form – This form is to be completed by the Agent, then signed by the Agent and Applicant. A copy must be submitted with the application and a copy left with the Applicant.

Iowa

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

Kentucky

Medicare Supplement Comparison Statement for Kentucky – When replacing a Medicare supplement, Medicare Advantage or other health insurance policy, this form is to be reviewed with the Applicant, completed and signed by Agent and Applicant. The form must be submitted with the application.

Illinois

Illinois Checklist – To be completed and signed by Agent and Applicant. A copy must be submitted with the application and a copy left with the Applicant.

Louisiana

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

Minnesota

Notice Concerning Policyholder Rights in Insolvency under the Minnesota Life and Health Insurance Guaranty Association Law – To be reviewed with the Applicant then signed by the Agent and Applicant. A copy must be submitted with the application and a copy left with the Applicant.

Agent Information Form – This form is to be completed and signed by the Agent and left with the applicant.

Montana

Montana Privacy Notice - Personal Information – 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.

New York

Medicare Supplement Plan B Disclosure Agreement – To be signed and dated by Applicant if purchasing Plan B. A copy must be submitted with the application and a copy left with the Applicant.

Pennsylvania

Guarantee Issue and Open Enrollment Notice – To be left with the Applicant.

Wisconsin

Disclosure of Other Health Insurance Sold to Applicant by Agent – To be completed and signed by the Agent, then submitted with the application.