

## GUARANTEE TRUST LIFE MEDICARE SUPPLEMENT UNDERWRITING GUIDE (REVISED 4/2021)

### MEDICARE SUPPLEMENT APPLICATION DEFINITIONS

**Open Enrollment:** Medicare Supplement Insurance (Medigap) has a six-month open enrollment period (OEP). Your client's open enrollment period begins when they are both 65 years old and they are enrolled in Medicare Part B. If they delay enrolling in Medicare Part B until after they turn 65, their Medigap OEP automatically starts the month they enroll in Medicare Part B. For Open Enrollment due to disability or End-Stage Renal Disease (ESRD) please refer to our Open-Enrollment by disability and/or end-stage renal disease guidelines available on our website: [www.gtlic.com](http://www.gtlic.com) (guidelines vary per state).

**Guaranteed Issue rights come into effect in the following situations: Proof of Guaranteed Issue rights is required to be submitted:**

- Your clients have original Medicare (Part A and B) as their primary payor, and their group health plan, including COBRA or retiree plan, is ending. They can choose Medicare supplement Plan A, B, C, F, K or L, but they must switch back to original Medicare to qualify and they cannot buy a Medicare supplement plan policy if they join another Medicare Advantage plan.
- Your clients Medicare Advantage plan loses its Medicare contract, is discontinued in their area, or they move away from the plan's service area.
- Your clients have original Medicare as well as a Medicare SELECT policy and they move out of the SELECT's service area.
- Your clients have a Medicare supplement plan policy and their coverage ends through no fault of their own or their insurance company becomes bankrupt.
- Your clients leave their Medicare Advantage plan or cancel their Medicare supplement plan policy because the company misled them or committed fraud.
- Within the first year of joining a Medicare Advantage plan, your clients want to switch back to original Medicare.
- Your clients dropped their Medigap policy to get a Medicare SELECT policy or join a Medicare Advantage plan for the first time and want to switch back to a Medigap plan. They can switch back to the same Medigap plan they had before if available from the same company.

**Underwritten:** If your clients do not qualify for OE / GI then they need to answer the medical questions (for example, replacing another company's Medicare Supplement policy.)

Open Enrollment and Guarantee Issue guidelines are available on our website, [www.gtlic.com](http://www.gtlic.com). Not all plans are available for Guarantee Issue. Please refer to the Guarantee Issue guideline or contact the Underwriting department at 800-635-1993 or email to [und@gtlic.com](mailto:und@gtlic.com).

### UNDERWRITING REQUIREMENTS

1. Generally, for underwritten applications, acceptance will be based on the answers given on the application, build chart, drug prescription history, Medical Data, and a review of claims, if any, that may have been filed for applicants who have or had a policy with Guarantee Trust Life (GTL.) The tools underwriting will use are a drug prescription check, Medical Data, and Personal History Interview (PHI).

2. If the applicant selects any condition/option other than “none of the above” the applicant does not qualify for coverage.
3. To qualify for Preferred rates, the applicant must meet both the preferred build criteria and have not used any tobacco products in the last 12 months. *This qualification also applies to Open Enrollment and Guarantee Issue applications. These questions must be answered in the states where the build and/or tobacco questions are in the “Plan Selection & Payment Information” section of the application.*
4. It is the Company’s policy not to obtain medical records to determine the insurability of the applicant. If an adverse decision has been made, it will be the applicant’s responsibility to provide GTL with 3 years of medical records at their own expense. GTL will not pay for any medical records.
5. If the insured was originally issued Standard rates and wishes to re-apply for Preferred rates, a new application is required and evidence of insurability must be met. The insured must meet both the Preferred build criteria and have not used any tobacco product within the past 12 months. Any improvement in weight must be maintained for at least 12 months before applying.
6. The insured can apply for reinstatement of a lapsed policy within 6 months of lapse subject to a reinstatement application and evidence of insurability. After 6 months, the policy cannot be reinstated and the insured can apply for a new policy subject to a new application and evidence of insurability.
7. A Power of Attorney (POA) is not acceptable for this product.

## **ADMINISTRATIVE GUIDELINES**

1. An application that is over 31 days old when we receive it will be considered stale-dated and not acceptable. We will require a new application. Back dating is not permitted.
2. The bank draft date and the effective date cannot be more than 15 days apart.
3. Policies are issued in the residence state of the applicant.
4. The agent must be licensed in the applicant’s residence state.
5. The application version submitted must be the residence state of the applicant.
6. The applicant must be a U.S. citizen or be an alien who has been lawfully admitted for permanent residence and has been residing in the United States for 5 continuous years prior to the month of filing an application for Medicare (per CMS.)
7. For internal replacements, any change in coverage will require a new application and subject to evidence of insurability. This includes policies that were originally written under Open Enrollment or Guarantee Issue and are past the 6 month period. A new policy will be issued as of the next paid due date or following month at the insured’s attained age.
8. Other than the applicant, acceptable payors for the initial and renewal premium are family members. Friends, businesses, or organizations cannot be a payor for either the initial or renewal premium.
9. Applications received during the applicant’s Open Enrollment or Guarantee Issue period will be accepted up to 6 months prior to the effective date. Back dating is not permitted.
10. Documents used to support Guarantee Issue (including Medicare Advantage disenrollment) must indicate the applicant’s name and the start and end date of coverage. Generic letters are not acceptable.
11. If List Bill is requested, the Employer and Applicant Billing Agreement forms must be completed and submitted with the applicant. Only retired employee and spouses will be eligible for list bill.

## UNDERWRITING CONSIDERATIONS

- Tobacco means cigarette, pipe, cigars, chewing tobacco, dip, electronic or vapor cigarettes, or any other nicotine delivery system.
- If the applicant currently requires the use of a wheelchair or motorized mobility aid on a daily basis, the person is not eligible for coverage. For conditions such as a broken leg, the applicant is not eligible until the wheelchair or motorized mobility aid is no longer needed.
- Hospitalization means being admitted as an inpatient. Observation, ER visit or outpatient treatment that did not result in admittance is not considered a hospitalization.
- Taking a maintenance medication is considered treatment. Medications such as tamoxifen (Nolvadex/Solfamox) or anastrozole (Arimidex) given after breast cancer treatment is completed and prescribed as a preventative rather than treatment can be considered for coverage.
- With respect to high blood pressure, diuretics (“water pills) are considered treatment. If a diuretic is manufactured with another medication as one pill, it is counted as two medications.
- Heart disease includes heart attack, myocardial infarction, coronary artery disease, angina, valve disease, atrial fibrillation or other heart rhythm disorder, cardiomyopathy, congestive heart failure, enlarged heart, heart bypass, stent placement, angioplasty, or pacemaker or defibrillator placement.
- An applicant who is diabetic (treated with insulin, non-insulin or by diet) who has complications of neuropathy (nerve damage), retinopathy (eye damage) or nephropathy (kidney disease) is not eligible for coverage.
- It is important that not only the medications be provided on the application but the disease or disorder that caused the medication to be prescribed be given.

**BUILD CHART**

Height	Decline	Standard	Preferred	Standard	Decline
4'2"	<54	54-59	60-124	125-145	>145
4'3"	<56	56-62	63-129	130-151	>151
4'4"	<58	58-64	65-135	136-157	>157
4'5"	<60	60-67	68-140	141-163	>163
4'6"	<63	63-70	71-145	146-170	>170
4'7"	<65	65-72	73-151	152-176	>176
4'8"	<67	67-75	76-156	157-182	>182
4'9"	<70	70-78	79-162	163-189	>189
4'10"	<72	72-80	81-167	168-196	>196
4'11"	<75	75-83	84-173	174-202	>202
5'0"	<77	77-86	87-179	180-209	>209
5'1"	<80	80-89	90-185	186-216	>216
5'2"	<83	83-92	93-191	192-224	>224
5'3"	<85	85-95	96-198	199-231	>231
5'4"	<88	88-98	99-204	205-238	>238
5'5"	<91	91-101	102-210	211-246	>246
5'6"	<93	93-104	105-217	218-254	>254
5'7"	<96	96-108	109-223	224-261	>261
5'8"	<99	99-111	112-230	231-269	>269
5'9"	<102	102-114	115-237	238-277	>277
5'10"	<105	105-117	118-244	245-285	>285
5'11"	<108	108-121	122-251	252-293	>293
6'0"	<111	111-124	125-258	259-302	>302
6'1"	<114	114-128	129-265	266-310	>310
6'2"	<117	117-131	132-273	274-319	>319
6'3"	<121	121-135	136-280	281-328	>328
6'4"	<124	124-139	140-288	289-336	>336
6'5"	<127	127-142	143-295	296-345	>345
6'6"	<130	130-146	147-303	304-354	>354
6'7"	<134	134-150	151-311	312-363	>363
6'8"	<137	137-154	155-319	320-373	>373
6'9"	<140	140-158	159-327	328-382	>382
6'10"	<144	144-162	163-335	336-392	>392
6'11"	<147	147-166	167-343	344-401	>401
7'0"	<151	151-170	171-351	352-411	>411
7'1"	<155	155-174	175-360	361-421	>421
7'2"	<158	158-178	179-368	369-431	>431
7'3"	<162	162-182	183-377	378-441	>441
7'4"	<166	166-186	187-386	387-451	>451

# **MEDICARE SUPPLEMENT NEW BUSINESS PROCEDURES**

## **Ways to Submit an Application**

- E-Application-Agent Portal ([www.gtlic.com](http://www.gtlic.com)) (Client must complete the voice verification call prior to submission. Call GTL's fully automated verification system 24/7, at the toll-free number 866) 839-5132.)
- By email to: [und@gtlic.com](mailto:und@gtlic.com)
- By fax to: (847) 699-8493
- By mail to: Guarantee Trust Life  
Attn: New Business 1275 Milwaukee Ave.  
Glenview, IL 60025

## **Avoid Delivery Requirements**

- Be sure that the client initials any and all changes made on the paper application.
- Be sure to submit bank draft information and a signed PAC form.
- Be sure to include any special signed state required forms.

**Please be sure that we have your current email address.** You can update your email address by contacting our Sales Support Department at (800) 323-6907 or by email at [agency@gtlic.com](mailto:agency@gtlic.com).

## **NEED QUICK UPDATES ON YOUR PENDING BUSINESS?**

- Please remember that GTLink is available 24/7.
- Can't access GTLink? Contact our Sales Support Department for assistance at (800) 323-6907.

**If you have any questions on an active policy please contact  
Customer Service Support at 800-338-4152.**

**For Underwriting Support please contact 800-635-1993.**