

3901-8-08

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**APPENDIX D****[STATEMENTS]**

- (1) You do not need more than one Medicare supplement policy.
- (2) If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
- (3) You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.
- (4) If after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested during your entitlement to benefits under Medicaid for twenty-four (24) months. You must request this suspension within ninety (90) days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within ninety (90) days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare “Part D” while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- (5) If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing your employer or union-based group health plan. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare “Part D” while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- (6) Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

**[QUESTIONS]**

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare supplement plans. Please include a copy of the notice from your prior insurer with your application. PLEASE ANSWER ALL QUESTIONS.

[Please mark Yes or No below with an "X"]

To the best of your knowledge,

(1)

(a) Did you turn age 65 in the last 6 months?

Yes \_\_\_\_\_ No \_\_\_\_\_

(b) Did you enroll in Medicare "Part B" in the last 6 months?

Yes \_\_\_\_\_ No \_\_\_\_\_

(c) If yes, what is the effective date? \_\_\_\_\_

(2) Are you covered for medical assistance through the state Medicaid program?

[NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost," please answer NO to this question.]

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes,

(a) Will Medicaid pay your premiums for this Medicare supplement policy?

Yes \_\_\_\_\_ No \_\_\_\_\_

(b) Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare "Part B" premium?

Yes \_\_\_\_\_ No \_\_\_\_\_

(3)

(a) If you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in your start and end dates below. If you are still covered under this plan, leave "END" blank.

START \_\_/\_\_/\_\_ END \_\_/\_\_/\_\_

(b) If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare supplement policy?

Yes \_\_\_\_\_ No \_\_\_\_\_

(c) Was this your first time in this type of Medicare plan?

Yes \_\_\_\_\_ No \_\_\_\_\_

(d) Did you drop a Medicare supplement policy with this policy to enroll in the Medicare plan?

Yes \_\_\_\_\_ No \_\_\_\_\_

(4)

(a) Do you have another Medicare supplement policy in force?

Yes \_\_\_\_\_ No \_\_\_\_\_

(b) If so, with what company, and what plan do you have [optional for Direct Mailers]?

\_\_\_\_\_

(c) If so, do you intend to replace your current Medicare supplement policy with this policy?

Yes \_\_\_\_\_ No \_\_\_\_\_

(5) Have you had coverage under any other health insurance within the past 63 days? (For example, an employer, union, or individual plan)

Yes \_\_\_\_\_ No \_\_\_\_\_

(a) If so, with what company and what kind of policy?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) What are your dates of coverage under the other policy?

START \_\_/\_\_/\_\_ END \_\_/\_\_/\_\_

(If you are still covered under the policy, leave "END" blank.)

(6) Agent shall list any other health insurance policies agent has sold to the applicant.

(a) List policies sold which are still in force.

(b) List policies sold in the past five (5) years which are no longer in force.