

MEDICARE SUPPLEMENT INSURANCE

ADMINISTRATIVE UNDERWRITING GUIDE



TRANSAMERICA®

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CONTACT INFORMATION

Administrative Office Mailing Information

Mailing Address (other than Claims)

Transamerica Premier Life Insurance Company
4333 Edgewood Rd NE
Cedar Rapids, IA 52499

Transamerica Premier Life Claims Mailing Address

PO Box 3350
Cedar Rapids, IA 52499-0001

Transamerica Premier Life New Business Fax

866-834-0437

The New Business/Underwriting email box is for **inquiries or escalations only**. Please do **NOT** email applications or other documents to this email address, as this box is unsecured, and documents sent there will not be accepted. **To email documents, please use the secured email process found on the agent web portal, under the New Business tab.**

INTRODUCTION

The purpose of this administrative guide is to assist you in understanding the eligibility requirements for your clients as they relate to an open enrollment or fully underwritten Medicare Supplement insurance with Transamerica Premier Life Insurance Company.

This guide will help you complete the application thoroughly and accurately and thus expediting the underwriting process.

Please review applications for completeness and submit all necessary forms and documents with the application for streamlined processing. Your efforts in this area will assist us during the underwriting review and will lead to prompt responses on submitted applications.

POLICY ISSUE GUIDELINES

All applicants must be covered under Medicare Part A. Policy issue is state specific. The applicant's state of residence determines the application, forms, rates, 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 when applying for a Medicare Supplement insurance policy.

Open Enrollment

To be eligible for open enrollment, an applicant must be at least 64½ years of age (in most states) and be within six months of his/her enrollment in Medicare Part B beginning with the first day of the first month in which an applicant is both 65 years of age or older and is enrolled for benefits under Medicare Part B.

- Each Medicare Supplement policy and certificate currently available from an insurer shall be made available to all applicants who qualify under this subsection without regard to age.
- Applicants covered under Medicare Part B prior to age 65 are eligible for a six month open enrollment period upon reaching age 65.
- **We can accept applications 180 days from the Medicare Part B effective date. Applications signed outside this six-month window will be canceled by the screening team if the applicant is under 64½ years.**
- Applications signed within six months of the applicants 65th birthday will receive the correct rates for age 65 as long as the policy is dated within one month of the insured's 65th birthday.

Note: *If the insured already has a Medicare Supplement policy at that time, they can keep it and get a lower premium when they turn 65, or they can take advantage of this new right to get another Medicare Supplement policy from a different company that is more suitable for their needs.*

Note: *If the insured already has an Medicare Advantage policy at this time, a disenrollment letter from their current "Medicare Advantage" carrier must accompany the application. A handwritten note of intent to disenroll from the insured will "ONLY" be acceptable during the Annual Election Period or Medicare Advantage Disenrollment Period.*

Additional Open Enrollment Guidelines for Residents of the Following States:

California – Annual Open Enrollment lasting 30 days, beginning on the applicant's birthday, during which time a person may replace any Medicare Supplement policy with a policy of equal or lesser benefits (please refer to Appendix A). **Coverage will not be made effective prior to the individual's birthday.** Please include documentation verifying the plan information and paid-to date of the current coverage**. If replacing a pre-standard Medicare Supplement plan (a Medicare Supplement plan with an effective date of prior to January 1, 1992), you must submit a copy of the applicant's current policy and a copy of the policy schedule. An individual is entitled to open enrollment at any time once they are no longer eligible for Medi-Cal benefits due to an increase in income.

Maryland – Insurers and nonprofit health service plans that sell Medicare Supplement ("Medigap") policies in Maryland are required to guarantee issue all the policies that it sells to any individual who meets the following criteria: 1) the individual is enrolled under an employee welfare benefit plan that provides health benefits; 2) the employee welfare benefit plan in which the individual is enrolled terminates; and 3) solely because of eligibility for Medicare, the individual is not eligible for the tax credit for health insurance costs under § 35 of the Internal Revenue Code.

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. Any change in the plan will result in the case to be fully underwritten. Please include documentation verifying the plan information, paid-to-date and the policy anniversary of the current coverage**. Individuals with existing plans E, H, I and J can convert to one of the following plans: A, B, C, F, K, or L (please refer to Appendix C for plans available from Transamerica Premier Life).

Montana – 63 day open enrollment window for Medicare enrolled individuals following termination of coverage under a group or individual policy; Loses eligibility for Qualified Medicare Beneficiary Program, or full Medicaid; loses coverage from the Montana Comprehensive Health Association; or the individual becomes eligible for benefits under Medicare Part A and B by reason of disability.

Oregon – Annual open enrollment lasting 30 days, during which time a person may replace any Medicare Supplement policy with a policy of equal or lesser benefits (please refer to Appendix B). Coverage will not be made effective prior to the individual’s birthday. Please include documentation verifying the plan information and paid-to date of the current coverage*. If replacing a pre-standard Medicare Supplement plan (a Medicare Supplement plan with an effective date of prior to January 1, 1990), you must submit a copy of the applicant’s current policy and a copy of the policy schedule.

Oregon Under 65 Retroactive Open Enrollment (Oregon Only)

There is an open enrollment period for anyone under the age of 65 who applied for Medicare Part B due to disability and was initially denied eligibility then was awarded retroactive enrollment after the appeals process. For these individuals the six month guarantee issue period begins on the first day of the first month after the person receives written notice of the retroactive enrollment in Medicare Part B. The notice of retroactive enrollment needs to be submitted with the application. Example: When taking an application and the applicant is under 65, from Oregon, disabled with a Medicare Part B effective date greater than six months ago and they indicate they are in a guaranteed issue period, please include notice of retroactive 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 Plan A may only move to another Plan A.
- Persons who currently have a standardized Medicare Supplement plan may replace the plan they have with any plan of equal or lesser value.
- Persons with a standardized Plan H, I, or J may move to another plan of equal or lesser benefits.
- Please include documentation verifying the plan information and paid-to-date of the current coverage**.

* Please see Appendix C for plans available from Transamerica Premier Life.

**Documentation can include a copy of the Medicare Supplement ID card or copy of the Medicare Supplement declaration/specification page which shows the current plan and a copy of a recent bank statement or billing notice indicating the applicant’s current policy/certificate is still in force. Acceptable proof of paid-to date of existing coverage must be dated within 60 days of the requested effective date. Note: A copy of a check or money order made out to the existing carrier with insured signature, date and amount can be accepted (policy number referenced is preferred). We can also accept a copy of the agent’s compensation statement if the information on the statement proves the client has an existing policy.

Under Age 65 Requirements by State:

It is important to note that applicants under the age of 65 can have 2 open enrollment periods. If the state allows, the first one will be when they get Medicare Part B. The second open enrollment is when this person turns age 65. If an insured became eligible for Medicare when they were younger than 65, the insured will also be entitled to a six-month Open Enrollment period starting the month of their 65th birthday regardless of any health conditions they may already have, including End-Stage Renal Disease (once they are 65 years of age). If the insured already has a Medicare Supplement policy at that time, they can keep it and get a lower premium when they turn 65, or they can take advantage of another open enrollment period to get another Medicare Supplement policy from a different company that is more suitable for their needs.

- **California Plans A, F & N Available.** Open enrollment if applied for within six months of Part B enrollment. Not available for individuals with end stage renal disease.
- **Delaware All Plans Available.** Open enrollment if applied for within six month of Part B enrollment.
- **Hawaii All Plans Available.** Open enrollment if applied for within six months of Part B enrollment.
- **Kansas All Plans Available.** Open enrollment if applied for within six months of Part B enrollment.
- **Idaho All Plans Available.** Open enrollment if applied for within six months of Part B enrollment.
- **Missouri All Plans Available.** Open enrollment if applied for within six months of Part B enrollment.
- **New Jersey Plan C Available for Ages 50-64 Due to Disability/End-Stage Renal Disease.** Open Enrollment if applied for within six months of Part B enrollment.
- **Oregon All Plans Available.** Open enrollment if applied for within six months of Part B enrollment.
- **Pennsylvania All Plans Available.** Open enrollment if applied for within six months of Part B enrollment.
- **South Dakota All Plans Available.** Open enrollment if applied for within six months of Part B enrollment.

Selectively Underwritten Business

Applicants over the age of 65 and at least six months beyond enrollment in Medicare Part B will be selectively underwritten. All health questions on the application must be answered. The answers to the health questions on the application will determine your client's eligibility for coverage. If any of the health questions are answered "Yes," the applicant is not eligible for coverage. Applicants will be accepted, declined, or potentially assessed a higher premium for Medicare Supplement coverage based on their height and weight. Coverage will be declined for those applicants whose height and weight is listed in the decline columns. In some states where approved guidelines allow for a rated premium due to height and weight an extra premium may be charged.

Personal History Interview

A Personal History Interview (PHI) will be required on all underwritten Medicare Supplement business.

Replacements

A replacement takes place when an applicant terminates an existing Medicare Supplement policy/certificate from Transamerica Premier Life Insurance Company (internal replacement), or any other company (external replacement), for a newer or different Medicare Supplement policy. Internal replacements are processed the same as external, both require a fully completed application and associated underwriting requirements. If a replacement takes place, you must complete the replacement notice, have the form signed by the applicants and you are to sign the replacement notice as the agent. Please note that the application date and the replacement date must either match, or the replacement notice date must be before the application date. If this does not occur, a new application will be requested in order to complete the process. **If two applicants are applying with the same application, both applicants sign and date the same replacement form.**

A policy owner wanting to apply for a non-tobacco plan must complete a new application and qualify for coverage in order to get the non-tobacco rate.

The policy/certificate 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 applicants; another copy should accompany the application to Transamerica Premier Life.

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

Reinstatement Guidelines

When a Medicare Supplement policy has lapsed and it is within 90 days of the last paid to date, coverage may be reinstated, based upon meeting the underwriting requirements. When applying for reinstatement of coverage please have the applicant complete a new application and write "reinstatement" at the top of the first page of the application. Please also include the policy number in the same location on the application. When a Medicare Supplement policy has lapsed for more than 90 days beyond the last paid to date, the coverage cannot be reinstated. The client may, however, apply for new coverage. All underwriting requirements must be met before a new policy can be issued.

Telephone Interviews

Telephone interviews with applicants will be required on underwritten cases. Please be sure to advise your client that we will be needing a PHI (Personal History Interview). They have the option to complete their PHI at the point of sale by calling 866-928-8333. They can call Monday through Friday from 7am to 8pm ET or Saturday from 9am to 1pm ET. If your client elects not to complete a point of sale PHI, we will be calling them as we do today to verify the information on their application. Please indicate on their application the best time to call them for the PHI to be completed.

Pharmaceutical Information and Medical Information Bureau (MIB)

Transamerica Premier Life will review an applicant's pharmaceutical information and MIB for underwritten Medicare supplement applications. In order to obtain the pharmaceutical and MIB information as requested, please be sure to include a completed "Authorization to Release Confidential Medical Information (HIPAA)" form with all underwritten applications. This form can be found in the application package. Prescription and health information noted on the application will be compared to the pharmaceutical and MIB information received from these inquiries. This additional information may be utilized to determine whether or not coverage may be issued and at what rate.

GUARANTEED ISSUE GUIDELINES*

The rules listed below are federal requirements, they can also be found in the Guide to Health Insurance. Transamerica Premier Life offers all plans available on a guaranteed issue basis. Please see Appendix C for plans available from Transamerica Premier Life.

You have a guaranteed issue right if...	You have the right to buy	You have the right to buy
Your Medicare Supplement insurance company goes bankrupt and you lose your coverage, or your Medicare Supplement policy coverage otherwise ends through no fault of your own.	Medicare Supplement Plan A, B, C, F, K, or L that is sold in your state by any insurance company.	No later than 63 calendar days from the date your coverage ends.
You have original Medicare and an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays and that plan is ending. Note: In this situation, you may have additional rights under state law.	Medicare Supplement Plan A, B, C, F, K, or L that is sold in your state by any insurance company. If you have COBRA coverage, you can either buy a Medicare Supplement policy right away or wait until the COBRA coverage ends.	No later than 63 calendar days after the latest of these three dates: 1. Date the coverage ends 2. Date on the notice you get telling you that coverage is ending (if you get one) 3. Date on a claim denial, if this is the only way you know that your coverage ended
You have original Medicare and a Medicare SELECT policy. You move out of the Medicare SELECT policy's service area. You can keep your Medicare Supplement policy, or you may want to switch to another Medicare Supplement policy.	Medicare Supplement Plan A, B, C, F, K, or L that is sold by any insurance company in your state or the state you are moving to.	As early as 60 calendar days before the date your Medicare SELECT coverage will end, but no later than 63 calendar days after your Medicare SELECT coverage ends.

*Please see Appendix C for plans available from Transamerica Premier Life.

GUARANTEED ISSUE RIGHTS FOR VOLUNTARY TERMINATION OF GROUP HEALTH PLAN

State	Qualifies for Guaranteed Issue if...
ID, KS, MT, NJ, OH, PA, TX	the employer sponsored plan is primary to Medicare.
MO, SD	No conditions - always qualifies.
NM, VA	if the employer sponsored plan's benefits are reduced substantially.**
CA	the employer sponsored plan's benefits are reduced, with Part B coinsurance no longer being covered.

**In order to determine GI eligibility due to a voluntary termination of an employer sponsored group welfare plan, a reduction in benefits will be defined as any increase in the insured's deductible amount or their coinsurance requirements (flat dollar copays or coinsurance %). A premium increase without an increase in the deductible or coinsurance requirement will not qualify for GI eligibility. Proof of coverage termination is required.

GUARANTEE ISSUE RIGHTS FOR LOSS OF MEDICAID QUALIFICATION*

State	Open Enrollment if...	Applicant has the right to buy...
CA	Applicant is enrolled in Medicare Part B, and as a result of an increase in income or assets, is no longer eligible for Medi-Cal benefits, or is only eligible for Medi-Cal benefits with a share cost and certify at the time of application that they have not met the share of cost. Open enrollment beginning with notice of termination and ending six months after the termination date.	65 years or older any Medicare Supplement plan offered by any issuer. Under Age 65 Plans A and F. Not available for individuals with end stage renal disease.
State	Guarantee Issue Situation	Applicant has the right to buy...
OR	Applicant is enrolled in an employee welfare benefit plan or a state Medicaid plan that provides health benefits that supplement the benefits under Medicare, and the plan terminates or the plan ceases to provide all such supplemental health benefits. Guaranteed issue beginning with notice of termination and ending 63 days after the termination date.	Medicare Supplement Plan A, B, C, F (including F with a high deductible), K, or L offered by any insurer.
State	Guarantee Issue Situation	Applicant has the right to buy...
TX	Applicants under age 65 with disabilities who enroll in Medicare Part B also have guaranteed issue rights, but they are only eligible for Medicare Supplement Plan A. This guaranteed issue right also applies to people on Medicare who lose Medicaid because of a change in their financial situation. The guaranteed issue right is good for 63 days from the date coverage ends or from the date of notice that coverage will end, whichever is later. Companies may not place any restrictions, such as preexisting condition waiting periods, or exclusions, on these policies.	Medicare Supplement Plan A.
State	Guarantee Issue Situation	Applicant has the right to buy...
KS	Client loses eligibility for health benefits under Medicaid. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.	Any Medicare Supplement plan offered by any issuer.

*Please see Appendix C for plans available from Transamerica Premier Life.

If you believe another situation exists, please contact the client's local State Health Insurance Assistance Program (SHIP) office or call 800-MEDICARE.

GUARANTEE ISSUE RIGHTS*

The situations listed below are based upon scenarios found in the Guide to Health Insurance.

Guarantee Issue Situation	Client has the right to...
Client's Medicare Advantage (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 Medicare Supplement 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.
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 a Medicare Supplement plan that is sold in your state by any insurance company.
Client dropped his/her Medicare Supplement policy/certificate 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 Medicare Supplement policy/certificate back if that carrier still sells it. If his/her former Medicare Supplement policy/certificate is not available, the client can buy a Medicare Supplement 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 that company has not followed the rules or has misled the client.	Buy Medicare Supplement plan A, B, C, F, K, or L that is sold in the client's state by any insurance company.
Client's group health plan ended and the client joined a MA Plan for the first time, has been in the plan less than a year, and wants to switch back to original Medicare. (Wisconsin only)	Buy any Medicare Supplement plan and riders.

*Please see Appendix C for plans available from Transamerica Premier Life.

If you believe another situation exists, please contact the client's local State Health Insurance Assistance Program (SHIP) office or call 800-MEDICARE.

ACCEPTABLE PROOF FOR MEDICARE SUPPLEMENT INSURANCE GUARANTEED ISSUE

Coming off Group Health Plan

- A letter from the employer, union, or carrier stating the applicant has involuntarily lost their coverage as of XX/XX/XXXX.
- If losing coverage in a voluntary state,
 - Proof the applicant had coverage
 - Documentation from the carrier or employer showing the applicant meets the state regulations.

Coming off Medicare SELECT plan for moving out of area

Need the letter stating the applicant has moved out of the area. (If the applicant cannot get a letter, we will accept proof of the applicant's prior address (e.g., driver's license or bill), proof of the coverage the applicant had, and proof that plan is not offered where the applicant currently resides (e.g., a print out of the service area from the Medicare Advantage plan's website).

Medicare Supplement insurance company goes bankrupt, or applicants losing coverage through no fault of their own

Need proof from Medicare or the current carrier applicants are losing their coverage through no fault of their own.

Loss of Medicaid

Need the letter from Medicaid stating the applicant is losing coverage. The reason why will have to satisfy the state requirements.

Coming off Medicare Advantage plan because plan is no longer being offered

Need a letter from Medicare or the Medicare Advantage plan stating the plan is no longer being offered.

Coming off Medicare Advantage plan for moving out of service area

Need the letter stating the applicant has moved out of the area. (If the applicant cannot get a letter, we will accept proof of the applicant's prior address (e.g., drivers license or bill), proof of the coverage the applicant had, and proof that plan is not offered where the applicant currently resides (e.g., a print out of the service area from the Medicare Advantage plan's website).

Coming off Medicare Advantage plan in trial period (Joining when first eligible for Medicare)

- Need disenrollment letter from applicant to current carrier. (only during Annual Election Period/Medicare Advantage Disenrollment Period time periods)
- Need letter from Medicare OR
- Letter from Medicare Advantage confirming the disenrollment

Coming off Medicare Advantage plan in trial period (Former Medicare Supplement plan no longer available)

- Disenrollment letter from applicant to current carrier (only during Annual Election Period/Medicare Advantage Disenrollment Period time periods), or a letter from Medicare or the Medicare Advantage plan confirming disenrollment.
- Proof of the plan the applicant previously had (e.g., letter from previous Medicare Supplement carrier stating plan, or ID card).
- Proof the applicant's previous plan is no longer available (e.g., letter from previous carrier or information from the carrier website).

Coming off Medicare Advantage plan for being misled

Need the letter from Medicare giving the applicant the OK to leave the Medicare Advantage plan for being misled.

Acceptable paid to date proof

- Acceptable proof of paid-to date of existing coverage must be dated within 60 days of the requested effective date.

MEDICARE ADVANTAGE (MA) ANNUAL ELECTION PERIOD

General Election Periods for Medicare Advantage (MA)	Timeframe	Allows for...
Annual Election Period (AEP)	Oct. 15 - Dec. 7 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
Medicare Advantage Disenrollment Period (MADP)	Jan. 1 - Feb. 14 of every year	<ul style="list-style-type: none"> MA enrollees to disenroll from any MA plan and return to original Medicare <p>The MADP does not provide an opportunity to:</p> <ul style="list-style-type: none"> Switch from original Medicare to a Medicare Advantage plan Switch from one Medicare Advantage plan to another Switch from one Medicare prescription drug plan to another Join, switch or drop a Medicare medical savings account 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 insurance, 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 issue rights.

Disenroll during AEP and MADP

Complete the MA section on the Medicare Supplement application and if he or she qualifies for one of the other reasons on page 11 then;

1. Send **ONE** of the following with the application
 - a. A copy of the applicant's MA plan's termination notice
 - b. Image of insurance ID card (only allowed if MA plan is being terminated)
 - c. Certification of group coverage
 - d. Copy of the termination letter from employer or group carrier
 - e. Copy of letter that the applicant sends to the MA carrier requesting the disenrollment

If an individual is disenrolling outside AEP/MADP

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 800-MEDICARE, as each situation presents its own unique set of circumstances. The SHIP office will help the client disenroll and return to Medicare.

HEIGHT AND WEIGHT CHARTS

Height and Weight Chart: Most States

Eligibility (If applicant is not in Open Enrollment or Guarantee Issue Period)

To determine whether applicant is eligible to purchase coverage, locate height, then weight in the chart below. If weight is in the decline column, applicant is not eligible for coverage at this time. If an applicant's weight is in the decline column our guideline is that he or she would need to lose weight and have his or her weight stabilize for a period of six months to one year before we could reconsider.

Rate Adjustment:

The column heading above weight will indicate appropriate rate adjustment, if any (risk class).

Height	Decline Weight	Tier 1 (10%) Weight	Standard Weight	Tier 1 (10%) Weight	Tier 2 (20%) Weight	Decline Weight	Diabetes Maximum Weight
4' 5"	<66	66-70	71-158	159-163	164-168	169+	124
4' 6"	<69	69-73	74-164	165-169	170-174	175+	129
4' 7"	<72	72-76	77-170	171-175	176-180	181+	133
4' 8"	<75	75-79	80-176	177-181	182-186	187+	138
4' 9"	<77	77-81	82-184	185-189	190-194	195+	143
4' 10"	<80	80-84	85-190	191-195	196-200	201+	148
4' 11"	<83	83-87	88-196	197-201	202-206	207+	154
5' 0"	<86	86-90	91-202	203-207	208-212	213+	159
5' 1"	<88	88-92	93-208	209-213	214-218	219+	164
5' 2"	<91	91-95	96-217	218-222	223-227	228+	170
5' 3"	<94	94-98	99-224	225-229	230-234	235+	175
5' 4"	<96	96-100	101-231	232-236	237-241	242+	181
5' 5"	<99	99-103	104-238	239-243	244-248	249+	186
5' 6"	<101	101-105	106-246	247-251	252-256	257+	192
5' 7"	<103	103-107	108-253	254-258	259-263	264+	198
5' 8"	<106	106-110	111-262	263-267	268-272	273+	204
5' 9"	<109	109-113	114-270	271-275	276-280	281+	210
5' 10"	<112	112-116	117-279	280-284	285-289	290+	216
5' 11"	<115	115-119	120-286	287-291	292-296	297+	222
6' 0"	<118	118-122	123-294	295-299	300-304	305+	229
6' 1"	<121	121-125	126-302	303-307	308-312	313+	235
6' 2"	<124	124-128	129-313	314-318	319-323	324+	241
6' 3"	<128	128-132	133-321	322-326	327-331	332+	248
6' 4"	<131	131-135	136-329	330-334	335-339	340+	255
6' 5"	<134	134-138	139-338	339-343	344-348	349+	261
6' 6"	<137	137-141	142-347	348-352	353-357	358+	268
6' 7"	<142	142-146	147-355	356-360	361-365	366+	275
6' 8"	<145	145-149	150-365	366-370	371-375	376+	282
6' 9"	<148	148-152	153-375	376-380	381-385	386+	289
6' 10"	<151	151-155	156-385	386-390	391-395	396+	297
6' 11"	<154	154-158	159-393	394-398	399-403	404+	304
7' 0"	<158	158-162	163-403	404-408	409-413	414+	311

HEIGHT AND WEIGHT CHARTS

Height and Weight Chart: California, Hawaii, New Jersey, North Dakota, and Washington

Eligibility (If applicant is not in Open Enrollment or Guarantee Issue Period)

To determine whether applicant is eligible to purchase coverage, locate height, then weight in the chart below. If weight is in the decline column, applicant is not eligible for coverage at this time. If an applicant's weight is in the decline column our guideline is that he or she would need to lose weight and have his or her weight stabilize for a period of six months to one year before we could reconsider.

Height	Decline Weight	Standard Weight	Decline Weight	Diabetes Maximum Weight
4' 5"	<66	66-168	169+	124
4' 6"	<69	69-174	175+	129
4' 7"	<72	72-180	181+	133
4' 8"	<75	75-186	187+	138
4' 9"	<77	77-194	195+	143
4' 10"	<80	80-200	201+	148
4' 11"	<83	83-206	207+	154
5' 0"	<86	86-212	213+	159
5' 1"	<88	88-218	219+	164
5' 2"	<91	91-227	228+	170
5' 3"	<94	94-234	235+	175
5' 5"	<99	99-248	249+	186
5' 6"	<101	101-256	257+	192
5' 7"	<103	103-263	264+	198
5' 8"	<106	106-272	273+	204
5' 9"	<109	109-280	281+	210
5' 10"	<112	112-289	290+	216
5' 11"	<115	115-296	297+	222
6' 0"	<118	118-304	305+	229
6' 1"	<121	121-312	313+	235
6' 2"	<124	124-323	324+	241
6' 3"	<128	128-331	332+	248
6' 4"	<131	131-339	340+	255
6' 5"	<134	134-348	349+	261
6' 6"	<137	137-357	358+	268
6' 7"	<142	142-365	366+	275
6' 8"	<145	145-375	376+	282
6' 9"	<148	148-385	386+	289
6' 10"	<151	151-395	396+	297
6' 11"	<154	154-403	404+	304
7' 0"	<158	158-413	414+	311

PREMIUM

Calculating Premium

- Determine ZIP code where the client resides and find the correct rate page for that ZIP code.
- Determine if non-tobacco or tobacco.
- Find Age/Gender - Verify that the age and date of birth are the exact age as of the requested effective date, this will be the base monthly premium.
- Health questions, including height and weight may determine eligibility.

Tobacco rates do not apply during open enrollment or guarantee issue situations in the following states:

Hawaii, Maryland, Michigan, Missouri, New Hampshire, New Jersey, North Dakota, Ohio, Pennsylvania, Utah, Virginia and Washington.

Types of Medicare Supplement Insurance Policy Ratings

- **Community Rated** - The same monthly premium is charged to everyone who has the Medicare Supplement 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 Supplement policy is bought (effective date). 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 applicant's 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	Tobacco/Non-Tobacco Rates	Gender Rates	Attained, Issue or Community Rated	Tobacco rates during Open Enrollment	Enrollment/Policy Fee
AL	Y	Y	A	Y	Y
AK	Y	Y	A	Y	Y
CA	Y	N	A	N	Y
DC	Y	Y	A	Y	Y
DE	Y	Y	A	Y	Y
HI	Y	Y	A	N	Y
ID	Y	N	I	Y	Y
KS	Y	Y	A	Y	Y
MD	Y	Y	A	N	Y
MI	Y	Y	A	N	Y
MO	Y	Y	I	N	Y
MT	Y	N	A	Y	Y
ND	Y	Y	A	N	Y
NH	Y	Y	I	N	Y
NJ	Y	Y	A	N	Y
NM	Y	Y	A	Y	Y
NV	Y	Y	A	Y	Y
OH	Y	Y	A	N	Y
OR	Y	Y	A	Y	Y
PA	Y	Y	A	N	Y
RI	Y	Y	A	Y	Y
SC	Y	Y	A	Y	Y
SD	Y	Y	A	Y	Y
TX	Y	Y	A	Y	Y
UT	Y	Y	A	N	Y
VA	Y	Y	A	N	Y
WA	N	N	C	N	N

Application Fee

There will be a one-time application fee of \$25 that must be collected with each applicant's initial payment. This will not affect the renewal premiums. The application fee may not apply in all states. Please refer to each state's application package for more information.

Completing the Premium on the Application

Effective Date

Please see Section B - Plan Information on page 18.

Premium Collected

- Indicate the amount of premium collected with the application on the Premium Collected box located in section C.
- This can be either actual premium collected, **or amount authorized to draft.**
- This field must be populated with a premium amount. Leaving blank will result in delays.

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. See section C.
- Indicate, based on the mode selected, the renewal premium. **Monthly direct is not allowed.**

NOTE: If using electronic funds transfer (EFT) as a method of payment, please complete Section 5, Billing Information, of the application. If paying the initial premium by EFT, this section must be completed and submitted with the application. The policy will NOT be issued until the billing information is received. At this time Transamerica Premier Life does not accept payments by credit/debit cards; this portion of Section 5 should not be completed.

Collection of Premium

At least one month's premium must be submitted with the application or authorized to draft. If a mode other than monthly is selected, then the full modal premium must be submitted with the application. **The initial bank draft will occur when the application is approved regardless of the requested draft day or effective date. All subsequent drafts will occur on the requested draft day.**

NOTE: Transamerica Premier Life does not accept postdated checks or payments from third parties, including any foundations, or business checks as premium for Medicare Supplement insurance.

California Initial Premium

All payment modes are available to applicants in California. If the applicant chooses a bank draft option, the initial premium drafted will be for one month's premium plus the policy fee. If the applicant chooses to pay the initial premium by direct bill, he/she will be required to submit a check for one month's premium plus the policy fee with the application. **The remainder of any balance due cannot be submitted or drafted until after the policy has been delivered. Once delivery has been made remit any balance due along with the signed policy delivery receipt for placement of coverage in force.**

Conditional Receipt and Medical Information Bureau Notice (MIB)

Leave the conditional receipt and the MIB with the applicant. **NOTE: Do not mail** a copy of the receipt with the application.

Refunds

Transamerica Premier Life will make all refunds directly to the applicant in the event of rejection, incomplete submission, overpayment, cancellations, etc.

Cancellation Requests

Any request for cancellation of a Medicare Supplement application must be submitted in writing from the applicant prior to the processing of a request for cancellation. The request must be signed and dated by the applicant.

Our General Administrative Rule - 12 Month Rate Guarantee

Our current general administrative practice is not to adjust rates for 12 months from the effective date of coverage.

APPLICATION INSTRUCTIONS

Properly completed applications should be finalized within a few business days of receipt at Transamerica Premier Life's administrative office. Properly completed applications will allow the underwriter to complete the processing of your applications in a timely manner. For your convenience we have a standalone Medicare Supplement insurance application that allows for two spousal applicants to apply.

Medicare Supplement Application Acceptance Dates

Situation	State	App signed no earlier than...
Annual Enrollment (Replacements)	CA	45 days prior to applicant birthdate
Annual Enrollment (Replacements)	MO	45 days prior to policy anniversary date of current policy
Annual Enrollment (Replacements)	OR	45 days prior to applicant birthdate
Guarantee Issue - Involuntary Loss of Medicaid, Etc.	KS, OR, UT	60 days prior to termination date
Guarantee Issue Rights	All	60 days prior to termination/coverage end date
Open Enrollment - Loss of Medi-Cal	CA	Notice of termination
Open Enrollment - Medicare Part B	All	180 days before Medicare Part B effective date
Fully Underwritten Cases	All	60 days prior to requested effective date

Application Sections

The Medicare Supplement application consists of eight sections that must be completed prior to being submitted for processing. Please be sure to review applications for the following information before submitting.

Section A— Applicant Information

- Please complete the client's residential address in full. If premium notices are to be mailed to an address other than the applicant's residential address, please complete the mailing address in full.
- Age and date of birth are the exact age as of the requested effective date.
- Medicare card number, also referred to as the Health Insurance Claim (HIC) number.
- Height/Weight — This information is required on underwritten cases.
- Please answer the tobacco question. (Refer to the Calculating Premium section in this guide for a list of states where tobacco rates do not apply during open enrollment or guarantee issue situations).
- Applicants without a permanent address must use the state where they file their state income taxes as their resident state.
- Secondary Addressee — In applicable states, a secondary addressee may be named who will receive copies of premium notices and letters regarding possible lapse in coverage.

Section B — Plan Information

- This section should indicate the Medicare Supplement plan selected as well as the requested effective date.

Effective Dates for Pre-65 Open Enrollment

- The effective date must be the first of the month

Effective Dates for Age 65 and Older

- The effective date can be any date, with the exception of the 29th, 30th or 31st.
- There should be no overlapping coverage in cases of replacements.

APPLICATION INSTRUCTIONS

Important Items to Consider

- Effective dates must be between the 1st through the 28th
 - Any requests for dates between the 29th through 31st will default to the following 1st of the month
 - If no effective date is listed on the application, we will use the current date at approval, OR the termination date of the existing coverage
- Effective dates shall not be prior to the application date
 - If the requested effective date is prior to the application signed date, we will default to the application signed date
- Effective dates cannot be prior to the Medicare Part B effective date
 - If the requested effective date is prior to the Medicare Part B effective date, we will default to the Medicare Part B effective date

Future Dating of Effective Dates

- We do allow future dating of effective dates, however they cannot exceed these guidelines:

Situation	State	Maximum Future Date
Annual Enrollment (Replacements)	CA	30 days after applicant birthdate, or following 1st of the month to coordinate with existing coverage
Annual Enrollment (Replacements)	MO	30 days after policy anniversary date
Annual Enrollment (Replacements)	OR	30 days after applicant birthdate, or following 1st of the month to coordinate with existing coverage
Guarantee Issue - Involuntary Loss of Medicaid, Etc.	KS, OR, UT	63 days after termination date
Guarantee Issue Rights	All	63 days after termination/coverage end date
Open Enrollment - Loss of Medi-Cal	CA	180 days after plan termination date
Open Enrollment - Medicare Part B	All	180 days after Medicare Part B effective date
Fully Underwritten Cases	All	60 days after application signed date

- This section also allows producers to indicate where they wish a policy to be delivered for each applicant. The policy can be sent to either the producer or the applicant. The default is to send to the policy holder. However, the policy will always be sent to the producer if:
 - There is a premium shortage or other outstanding application requirement.
 - The policy is issued in a state that requires a delivery receipt (California, Pennsylvania, South Dakota, and Virginia).

Section C — Premium and Payment Method

Please note the premium collected (actual check or authorized draft), the premium frequency and the mode of payment selected by the applicant. The application fee may not apply in all states. Please refer to each state's application package for more information.

Section D — Medicare Eligibility Information

- 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.
- Please indicate if the applicant is covered under Parts A and B of Medicare.
 - Applicants must be covered under Medicare Part B to be eligible for Medicare Supplement insurance.
 - 1. Effective date- If the applicant has applied for Medicare enter the effective date, including future effective dates.
 - 2. Eligibility date- If the applicant has not applied for Medicare enter the date the applicant becomes eligible.
- If the applicant is applying during a guaranteed issue be sure to include proof of eligibility.

Reminder: Guaranteed issue periods include:

1. Open enrollments.

2. Annual enrollments.
3. Guaranteed issue rights.

Section E — Previous or Current Coverage Information

Verify if the applicant is covered through his/her state Medicaid program.

- If the applicant is replacing another Medicare Supplement policy/certificate, complete question five and include the replacement notice with the application.
- If the applicant is leaving a Medicare Advantage plan, complete question four and include the replacement notice with the application.
- 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 six.
- If you have sold any other health insurance policies/certificates to the applicant that are still in force or that are no longer in force please complete question seven.

Section F— Personal History Questions

- If the applicant is applying for coverage during an open enrollment or a guarantee issue period, you do not need to answer the health, prescription or height and weight questions.
- If the 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.

Please list all prescription medications prescribed or taken within the past 12 months. If the applicant has not taken or had prescribed any medications in the past 12 months please complete the medication question by writing “None”.

On cases where the applicant has diabetes controlled with oral medications and controlled high blood pressure they may qualify if both health conditions are stable and controlled and their height and weight falls within the guidelines shown on the height/weight chart. Please refer to the height/weight chart under the column entitled “Diabetes Weight” for further verification of your client’s eligibility.

Applicants with diabetes using oral medications to control their diabetes may qualify for coverage if their diabetes is controlled, we will be asking questions on the PHI to verify control of diabetes. Also, applicants using oral medication to control diabetes and also having high blood pressure may qualify if both conditions are controlled. Along with this, in order to qualify there must have been no increases to their medication regimen in the last two years. This information will also be verified on the PHI.

If an applicant is currently taking maintenance medications prescribed after a heart attack, stroke, TIA, coronary or carotid artery disease or heart rhythm disorder he or she may qualify if the condition is well controlled, well followed, and the applicant is currently asymptomatic.

Applicants with mild arthritis that is well controlled and non-disabling/non-crippling may also qualify if they are fully functional. Use of narcotic pain medications will result in a decline.

Other reasons for declines:

- Respiratory disorders requiring 3 or more respiratory medications.
- Sleep apnea with CPAP machine. If stable for more than six months without complications this is acceptable.
- Use of supplemental oxygen.
- Any diagnosed medical condition or illness that would reasonably be expected to cause death within 18 months.
- Cancer history with date of last treatment including surgery, radiation or chemotherapy within two years.
- Mental or nervous system disorder requiring medication or consultation from a psychiatrist.
- Pacemaker/defibrillator or other implanted heart rhythm device.
- Taking anti-rejection drugs prescribed after an organ transplant.
- Stroke or TIA with residuals.

- Use of steroid or narcotic pain medications.
- Taking medication that must be administered in a physician's office.
- Advised to have follow-up medical testing, surgery, treatment, or therapy that has not been completed.
- Submission of third-party checks for payment of premium, this includes checks from foundations or postdated checks.
- Medical conditions with partial recovery, questionable stability, poor control/response to treatment, not well-followed by a licensed physician, and/or causing complications either individually or with other health conditions may be determined an uninsurable risk.

As a standard underwriting process we will be verifying pharmacy prescriptions and checking with MIB (Medical Information Bureau) for a review of the proposed insured. We will also be completing personal health interviews (PHI's) to verify the medical information provided on the application. Please advise your client that we will be needing a PHI (Personal History Interview). They have the option to complete the PHI at the point of sale. To do this, they may call 866-928-8333 Monday through Friday from 7am to 8pm ET or Saturday from 9am to 1pm ET. Please note on the cover page of the paper application if your client intends to complete the point of sale PHI. Our underwriting cycle is 60 days, if an application is still in a pending status after 60 days it will be processed as incomplete and monies refunded.

Please refer to the list of uninsurable medications. **This list is not intended to be a complete listing of uninsurable medications but does provide some guidance for medications.** If your client is taking any of the medications on this list they will not qualify for coverage. If the applicant does not qualify for open enrollment or guaranteed issue please refer to the list of uninsurable medications on pages 22-27.

The Field Underwriting Guidelines are applicable as of the date of this edition and are subject to change without notice. We reserve the right to alter handling of specific situations at our discretion, regardless of the guidelines contained herein.

Decline Appeals:

If the applicant wishes to appeal his/her declined application, a written request must be submitted by the applicant to the underwriting department within 60 days of the decision.

Section G— Billing Information

- **At this time Transamerica Premier Life does not accept payments by credit/debit cards.**
- If the applicant would like to have his/her payment deducted from their checking or savings account, complete the banking section and have the applicant or account holder, if different, sign. **NOTE:** The requested draft day cannot be the 29th, 30th, or 31st of the month. If a monthly billing mode is chosen, the applicant must complete this section.
- Please tape a void check in the box shown in section G.
- **Please Note:** If two applicants are applying for coverage, **both** applicants must sign on the signature line in the Billing Information section.

Section H— Agreements and Signatures

- Signatures and dates are required by both applicant(s) and agent. The agent must be appointed in the client's resident state, as well as where the application is signed. **NOTE:** Applicant's signature must match the 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, agents are advised against acting as sole witness.
- Applications may NOT be backdated prior to the application signature to save age.
- Applicant acknowledges 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.
- Applicant agrees to the Authorization to Disclose Personal Information.
- Applicant must sign the application and all other forms. **Power of attorney signatures are not allowed.**
- The agent(s) must certify that they have:
 - Provided the applicant with a copy of the replacement notice if applicable.
 - Accurately recorded in the application the information supplied by the applicant.
 - And have interviewed the proposed applicant.
- The agent must be appointed in the client's resident state, as well as where the application is signed.

UNINSURABLE MEDICATION FOR UNDERWRITTEN CASES ONLY

This is NOT an all-encompassing list, as medications can be added to this list at any time.

Please contact the home office for additional inquiries.

Medications	If taking for this reason
3TC	AIDS
Abacavir	AIDS/HIV
Abacavir-Lamivudine	AIDS/HIV
Abacavir-Lamivudine-Zidovudine	AIDS/HIV
Abilify	Psychosis
Acamprosate	Alcohol Abuse
AccuNeb	Chronic Obstructive Pulmonary Disease, Emphysema, Chronic Asthma, Black Lung, Chronic Bronchitis, Chronic Respiratory Disease
Acetylcysteine	Cystic Fibrosis
Actigall	Cirrhosis
Adriamycin	Cancer
Adrimycin	Liver Disease
Adrucil	Cancer
Afinitor	Cancer
Aldactone	Cirrhosis
Alkeran	Cancer
Altretamine	Cancer
Alvesco	Chronic Obstructive Pulmonary Disease, Emphysema, Chronic Asthma, Black Lung, Chronic Bronchitis, Chronic Respiratory Disease
Amantadine	Multiple Sclerosis
Amikacin	Cystic Fibrosis
Aminophylline	Chronic Obstructive Pulmonary Disease, Emphysema, Chronic Asthma, Black Lung, Chronic Bronchitis, Chronic Respiratory Disease
Ampyra	Multiple Sclerosis
Anastrozole	Cancer
Android	Cancer
Androxy	Cancer
Antabuse	Alcohol Abuse
Apidra	Insulin Dependent Diabetes/Type 1
Aptivus	AIDS/HIV
Aricept	Alzheimer's, Dementia, Memory Loss
Arimidex	Cancer

Medications	If taking for this reason
Aromasin	Cancer
Artane	Dementia
Atazanavir	AIDS/HIV
Atripla	AIDS/HIV
Atrovent	Chronic Obstructive Pulmonary Disease, Emphysema, Chronic Asthma, Black Lung, Chronic Bronchitis, Chronic Respiratory Disease
Avastin	Cancer
Avinza	Chronic Pain
Avonex	Multiple Sclerosis
Axitinib	Cancer
Axona	Alzheimer's Disease
Azasan	Liver Disease
Azathioprine	Hepatitis B or C
Azilect	Parkinson's Disease
AZT	AIDS
Aztreonam Lysine	Cystic Fibrosis
Baclofen	Multiple Sclerosis
Baraclude	Hepatitis B or C
BCG Live	Cancer
Benadryl	Parkinson's Disease
Benzotropine	Parkinson's Disease
Betaseron	Multiple Sclerosis
Bevacizumab	Cancer
Bicalutamide	Cancer
BiCNU	Cancer
Bleomycin	Cancer
Bravona	Chronic Obstructive Pulmonary Disease, Emphysema, Chronic Asthma, Black Lung, Chronic Bronchitis, Chronic Respiratory Disease
Bromocriptine	Parkinson's Disease
Budesonide	Chronic Obstructive Pulmonary Disease, Emphysema, Chronic Asthma, Black Lung, Chronic Bronchitis, Chronic Respiratory Disease
Buprenorphine SL	Drug Abuse
Buprenorphine-Naloxone	Drug Abuse

UNINSURABLE MEDICATION FOR UNDERWRITTEN CASES ONLY

This is NOT an all-encompassing list, as medications can be added to this list at any time.

Please contact the home office for additional inquiries.

Medications	If taking for this reason
Calcium Folate	Cancer
Campral	Alcohol Abuse
Camptosar	Cancer
Capecitabine	Cancer
Carbidopa	Parkinson's Disease
Carbidopa-Levodopa	Parkinson's Disease
Carboplatin	Cancer
Carmustine	Cancer
Casodex	Cancer
Cayston	Cystic Fibrosis
Ceflazidime	Cystic Fibrosis
Ceflazidime-Dextrose	Cystic Fibrosis
CellCept	Organ Transplant
Cerefolin	Memory Impairment
Cetuximab	Cancer
Chlordiazepoxide	Alcohol Abuse
Chlorpromazine	Schizophrenia
Cinaclet	Cancer
Cisplatin	Cancer
Clorazepate Dipotassium	Alcohol Abuse
Cogentin	Parkinson's Disease
Cognex	Dementia
Combivir	AIDS/HIV
Comtan	Parkinson's Disease
Copaxone	Multiple Sclerosis
Cortef	Multiple Sclerosis
Cortisone	Hepatitis B or C
Cosmegen	Cancer
Crixivan	AIDS/HIV
Crizotinib	Cancer
Cuprimine	Liver Disease
Cyclophosphamide	Cancer
Cycloserine	Alzheimer's Disease
Cyclosporine	Liver Disease
Cyproheptadine	Multiple Sclerosis
Cytosan	Cancer
D4T	AIDS
Dactinomycin	Cancer

Medications	If taking for this reason
Daliresp	Chronic Obstructive Pulmonary Disease, Emphysema, Chronic Asthma, Black Lung, Chronic Bronchitis, Chronic Respiratory Disease
Dantrium	Muscular Dystrophy
Dantrolene	Muscular Dystrophy
Darunavir	AIDS/HIV
DDC	AIDS
DDI	AIDS
Degarelix	Cancer
Delatestryl	Cancer
Delavirdine	AIDS/HIV
Delestrogen	Cancer
Demadex	Cirrhosis
Denosumab	Cancer
Depade	Alcohol Abuse
Depo-Provera	Cancer
Dexamethasone	Multiple Sclerosis
Didanosine	AIDS/HIV
Diphenhydramine	Parkinson's Disease
Disulfiram	Alcohol Abuse
Diuretic Use: Over 41mg and above	
Docetaxel	Cancer
Donepezil	Alzheimer's, Dementia, Memory Loss
Dornase Alfa	Cystic Fibrosis
Doxil	Cancer
Doxorubicin	Cancer
D-Pencillamine	Rheumatoid Arthritis
Duragesic Patch	Chronic Pain
Edurant	AIDS/HIV
Edzicom	AIDS
Efavirenz	AIDS/HIV
Efavirenz-Emtricitabin-Tenofav	AIDS/HIV
Eldepryl	Parkinson's Disease
Eligard	Cancer
Ellence	Cancer

UNINSURABLE MEDICATION FOR UNDERWRITTEN CASES ONLY

This is NOT an all-encompassing list, as medications can be added to this list at any time.

Please contact the home office for additional inquiries.

Medications	If taking for this reason
Eloxatin	Cancer
Emcyt	Cancer
Emtricitabine	AIDS/HIV
Emtricitabine-Tenofovir	AIDS/HIV
Emtricitab-Rilpivirine-Tenofav	AIDS/HIV
Emtriva	AIDS/HIV
Enbrel	Rheumatoid Arthritis
Enfuvirtide	AIDS/HIV
Entecavir	Hepatitis B or C
Epirubicin	Cancer
Eпивir	AIDS/HIV
Epogen	Kidney Failure, AIDS
Epvir	Hepatitis B or C
Epzicom	AIDS/HIV
Erbitux	Cancer
Ergoloid	Alzheimer's, Dementia, Memory Loss
Erlotinib	Cancer
Estinyl	Cancer
Estramustine	Cancer
Etopophos	Cancer
Etoposide	Cancer
Etoposide Phosphate	Cancer
Etravirine	AIDS/HIV
Everolimus	Cancer
Exelon	Alzheimer's, Dementia, Memory Loss
Exemestane	Cancer
Femara	Cancer
Fentanyl	Chronic Pain
Fentanyl Patch	Chronic Pain
Filgrastim	AIDS/HIV
Firmagon	Cancer
Floxuridine	Cancer
Fluorouracil	Cancer
Fomepizole	Alcohol Abuse
Fortaz	Cystic Fibrosis
Fosamprenavir	AIDS/HIV
Fusilev	Cancer

Medications	If taking for this reason
Fuzeon	AIDS/HIV
Galantamine	Alzheimer's, Dementia, Memory Loss
Gemcitabine	Cancer
Gemzar	Cancer
Gengraf	Organ Transplant
Geodon	Schizophrenia
Gilenya	Multiple Sclerosis
Gleevec	Cancer
Gleevic	Cancer
Gold	Rheumatoid Arthritis
Haldol	Psychosis
Hepsera	Hepatitis B or C
Herceptin	Cancer
Hexalen	Cancer
Histrelin	Cancer
Humalog	Insulin Dependent Diabetes/Type 1
Humulin	Insulin Dependent Diabetes/Type 1
Hycamtin	Cancer
Hydergine	Dementia
Hydrea	Cancer
Hydrocodone	Chronic Pain
Hydroxyurea	Cancer
Hydroxyzine	Alcohol Abuse
Ifex	Cancer
Ifosfamide	Cancer
Ifosfamide-Mesna	Cancer
Imatinib	Cancer
Imuran	Liver Disease
Indinavir	AIDS
Inlyta	Cancer
Insulin	Diabetes
Intelence	AIDS/HIV
Interferon	Multiple Sclerosis
Interferon	Hepatitis B or C
Interferon Alpha- 2b	Cancer
Intron	Hepatitis B or C
Invirase	AIDS/HIV
Irinotecan	Cancer

UNINSURABLE MEDICATION FOR UNDERWRITTEN CASES ONLY

This is NOT an all-encompassing list, as medications can be added to this list at any time.

Please contact the home office for additional inquiries.

Medications	If taking for this reason
Isentress	AIDS/HIV
Ivacaftor	Cystic Fibrosis
Kadian	Chronic Pain
Kaletra	AIDS/HIV
Kalydeco	Cystic Fibrosis
Kemadrin	AIDS
Kineret	Parkinson's Disease
Lamivudine	AIDS/HIV
Lamivudine-Zidovudine	AIDS/HIV
Lantus	Insulin Dependent Diabetes/Type 1
Lapatinib	Cancer
Larodopa	Parkinson's Disease
Latuda	Schizophrenia
L-Dopa	Parkinson's Disease
Letrozole	Cancer
Leucovorine	Cancer
Leukeran	Cancer
Leukine	AIDS/HIV
Leuprolide	Cancer
Levemir	Insulin Dependent Diabetes/Type 1
Levodopa	Cancer
Lexiva	AIDS/HIV
Lidoderm Patch	Chronic Pain
Lioresal	Multiple Sclerosis
Lomustine	Cancer
Lopinavir-Ritonavir	AIDS/HIV
Lortab	Chronic Pain
Lupron Depot	Cancer
Lysodren	Cancer
Maraviroc	AIDS/HIV
Matulane	Cancer
Mechlorethamine	Cancer
Megace	Cancer
Megestrol	Cancer
Mellaril	Psychosis
Melphalan	Cancer
Memantine	Alzheimer's, Dementia, Memory Loss
Mestinon	Myasthenia Gravis

Medications	If taking for this reason
Methadone	Drug Abuse
Methitest	Cancer
Methotrexate	Arthritis
Metrifonate	Dementia
Mirapex	Parkinson's Disease
Mitomycin	Cancer
Mitotane	Cancer
Morphine	Chronic Pain
MS Contin	Chronic Pain
Mustargen	Cancer
Mycophenolate Mofetil	Organ Transplant
Myleran	Cancer
Naltrexone	Alcohol Abuse
Namenda	Alzheimer's, Dementia, Memory Loss
Narcotics	Chronic Pain
Narvane	Psychosis
Nelfinavir	AIDS/HIV
Neoral	Liver Disease
Neupogen	AIDS/HIV
Neupro	Parkinson's Disease
Nevirapine	AIDS/HIV
Nexavar	Cancer
Nilandron	Cancer
Nilutamide	Cancer
Nitroglycerine	Angina/Chest Pain
Nitrolingual	Angina/Chest Pain
Norvir	AIDS/HIV
Novolin	Insulin Dependent Diabetes/Type 1
Novolog	Insulin Dependent Diabetes/Type 1
Nucynta	Chronic Pain
Onxol	Cancer
Opana	Chronic Pain
Oxaliplatin	Cancer
Oxazepam	Alcohol Abuse
Oxycontin	Chronic Pain
Oxygen	Respiratory Disease/Disorder
Palexia	Chronic Pain

UNINSURABLE MEDICATION FOR UNDERWRITTEN CASES ONLY

This is NOT an all-encompassing list, as medications can be added to this list at any time.

Please contact the home office for additional inquiries.

Medications	If taking for this reason
Pamidronate	Cancer
Parlodel	Parkinson's Disease
Parplatin	Cancer
Parsidol	Parkinson's Disease
Pazopanib	Cancer
Pegasys	Hepatitis B or C
Peginterferon	Hepatitis B or C
Percocet	Chronic Pain
Permax	Parkinson's Disease
PhosLo	Kidney Failure
Photofrin	Cancer
Plenaxis	Prostate Cancer
Porfimer	Cancer
Pramipexole	Parkinson's Disease
Pramlintide	Insulin Dependent Diabetes/ Type 2
Prednisone	Arthritis
Prezista	AIDS/HIV
Procarbazine	Cancer
Procrit	Kidney Failure, AIDS
Prograf	Organ Transplant
Prolixin	Psychosis
Pulmozyme	Cystic Fibrosis
Purinthenol	Leukemia
Qvar	Chronic Obstructive Pulmonary Disease, Emphysema, Chronic Asthma, Black Lung, Chronic Bronchitis, Chronic Respiratory Disease
Raltegravir	AIDS/HIV
Razadyne	Alzheimer's, Dementia, Memory Loss
Rebif	Multiple Sclerosis
Reclast	Cancer
Refib	Parkinson's Disease
Remicade	Rheumatoid Arthritis
Reminyl	Dementia
Renagel	Kidney Failure
Requip	Parkinson's Disease
Rescriptor	AIDS/HIV
Retrovir	AIDS/HIV

Medications	If taking for this reason
Revia	Alcohol Abuse
Revonto	Muscular Dystrophy
Reyataz	AIDS/HIV
Rheumatrex	Cancer
Ribavirin	Hepatitis B or C
Ridura	Rheumatoid Arthritis
Rilpivirine	AIDS/HIV
Rilutek	Lou Gehrig's Disease/ALS
Riluzole	Lou Gehrig's Disease/ALS
Risperdal	Psychosis
Ritonavir	AIDS/HIV
Rituxan	Multiple Sclerosis
Rituximab	Multiple Sclerosis
Rivastigmine	Alzheimer's, Dementia, Memory Loss
Roflumilast	Chronic Obstructive Pulmonary Disease, Emphysema, Chronic Asthma, Black Lung, Chronic Bronchitis, Chronic Respiratory Disease
Ropinirole	Parkinson's Disease
Sandimmune	Arthritis
Saquinavir Mesylate	AIDS/HIV
Sarapin Injection	Chronic Pain
Sargramostim	AIDS/HIV
Selzentry	AIDS/HIV
Sensipar	Cancer
Serevent	Chronic Obstructive Pulmonary Disease, Emphysema, Chronic Asthma, Black Lung, Chronic Bronchitis, Chronic Respiratory Disease
Seroquel	Psychosis
Sinemet	Parkinson's Disease
Sorafenib	Cancer
Stalero	Parkinson's Disease
Stalevo	Parkinson's Disease
Starlix	Non-Insulin Diabetes/Type 2
Stavudine	AIDS/HIV
Stavzor	Seizures
Stelazine	Psychosis
Streptozocin	Cancer

UNINSURABLE MEDICATION FOR UNDERWRITTEN CASES ONLY

This is NOT an all-encompassing list, as medications can be added to this list at any time.

Please contact the home office for additional inquiries.

Medications	If taking for this reason
Suboxone	Drug Abuse
Sunitinib	Cancer
Supprelin	Cancer
Sustiva	AIDS/HIV
Sutent	Cancer
Symbyax	Psychosis
Symlin	Insulin Dependent Diabetes/Type 1
Symmetrel	Parkinson's Disease
Tacrine	Dementia
Tacrolimus	Liver Disease
Tapentadol	Chronic Pain
Tarceva	Cancer
Taxotere	Cancer
Tazicef	Cystic Fibrosis
Tecfidera	Multiple Sclerosis
Temodar	Cancer
Temozolomide	Cancer
Temsirolimus	Cancer
Tenofovir Disoproxil Fumarate	AIDS/HIV
Teslac	Cancer
Testopel	Cancer
Testred	Cancer
Tetrabenazine	Huntington's Disease
Theracys	Cancer
Thiotepa	Cancer
Thorazine	Psychosis
Tice BCG	Cancer
Tipranavir	AIDS/HIV
Tizanidine	Multiple Sclerosis
Tobi	Cystic Fibrosis
Tobramycin	Cystic Fibrosis
Topiragen	Alcohol Abuse
Toposar	Cancer
Topotecan	Cancer
Torisel	Cancer
Tramadol	Chronic Pain
Trastuzumab	Cancer
Trelstar	Cancer
Trexall	Cancer

Medications	If taking for this reason
Trihexyphenidyl	Parkinson's Disease
Trilifon	Psychosis
Triptorelin Pamoate	Cancer
Trizivir	AIDS/HIV
Truvada	AIDS/HIV
Tumor Necrosis Factor	Rheumatoid Arthritis
Tykerb	Cancer
Tysabri	Multiple Sclerosis
Ultracet	Chronic Pain
URSO Forte	Cirrhosis
Ursodiol	Cirrhosis
Valrubicin	Cancer
Vantas	Cancer
VePesid	Cancer
Vicodin	Chronic Pain
Videx	AIDS/HIV
Vinblastine	Cancer
Vincasar	Cancer
Vincristine	Cancer
Viracept	AIDS/HIV
Viramune	AIDS/HIV
Viramune XR	AIDS/HIV
Viread	AIDS/HIV
Virmune	AIDS
Vivitrol	Alcohol Abuse
Votrient	Cancer
Xalkori	Cancer
Xeloda	Cancer
Xenazine	Huntington's Disease
Xgeva	Cancer
Zanaflex	Multiple Sclerosis
Zanosar	Cancer
Zelapar	Parkinson's Disease
Zerit	AIDS/HIV
Ziagen	AIDS/HIV
Zidovudine	AIDS/HIV
Zoladex	Cancer

REQUIRED FORMS

The agent is responsible for submitting all completed required forms to Transamerica Premier Life's administrative office:

Mail:

Transamerica Premier Life Insurance Company
4333 Edgewood Rd NE
Cedar Rapids, IA 52499

Fax (Faxing is the preferred method. If forms are faxed, **DO NOT** mail originals):

866-834-0437

Application

Only currently approved Medicare Supplement insurance applications may be used when applying for coverage. A copy of the completed application will be made by Transamerica Premier Life and attached to the policy to make it part of the contract.

Agent Certification Form

The agent certification form must be completed and signed by both the applicant(s) and agent and submitted with the application.

Conditional Receipt and MIB

Receipt must be provided to applicant as receipt for premium collected.

HIPAA Authorization Form

Required with all underwritten applications.

Replacement Notice

The replacement notice must be 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.

Policy Delivery Receipt

Delivery receipts are required on all policies issued in 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 Transamerica Premier Life via fax or mail.

Please Note: Medicare Supplement insurance regulations are subject to frequent modifications. It is incumbent upon the agent to stay current with the changes that occur. Please utilize <https://www.taagentnetinfo.com> to download the most recent materials:

STATE SPECIFIC FORMS

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

California

- **California Agent/Applicant Meeting Form** – To be completed and signed by the Transamerica Premier Life Insurance Company agent and given to 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 guarantee issue. A copy must be submitted with the application and a copy left with the applicant.

Ohio

- **Solicitation and Sale Disclosure** – This form is to be left with the applicant.

Pennsylvania

- **Guarantee Issue and Open Enrollment Notice** – To be left with the applicant.

AVOIDING PROCESSING DELAYS

If an application is submitted with incomplete, unclear or missing information critical to the risk evaluation, a new application may be required or an amendment to the application will be issued where applicable. Here is a list of the most common areas that can trigger a delay:

1. Plan type not listed.
2. Incomplete residential address.
3. Incomplete date of birth.
4. No requested effective date.
5. Personal history questions not fully completed (if not open enrollment or guaranteed issue).
6. Medicare Part B enrollment date and/or Medicare number left blank.
7. Medicare coverage replacement information not completed.
8. Agent writing number not provided on the application.
9. Agent certification form not completed and signed.
10. Replacement forms not submitted when applicable.
11. Amount quoted on the application is less than the modal premium Transamerica Premier Life calculates (Agent will be contacted to verify that it is acceptable to process the draft for the new amount).
12. No premium amount listed for premium collected (whether submitting a check or authorizing a draft, the premium amount must be listed on the application.).
13. Transamerica Premier Life will not accept deposit slips in the place of a voided check.
14. No confirmation of Medicare Advantage disenrollment when replacing a Medicare Advantage plan (Transamerica Premier Life cannot issue a policy until this has been confirmed and coverage cannot overlap).
15. No applicant's signature (signature stamps CANNOT be utilized).
16. No agent's signature (signature stamps CANNOT be utilized).
17. Application is received at the administrative office more than 30 days from the signature date.
18. Signature on application is in the future.
19. Signature on bank draft authorization must be the same as on the signature card at the bank.
20. If two applicants are applying for coverage, both applicants must provide a signature in the Billing Information section.
21. Temporary checks submitted as payment (Checks must be pre-printed from the bank or be accompanied by a verification letter on bank letterhead).
22. A postdated check submitted (NO POSTDATED CHECKS ACCEPTED).
23. A third-party payor check is submitted (NO THIRD-PARTY PAYOR CHECKS).

APPENDIX A

Conversion Table For California Birthday Open Enrollment

		Requested Plan			
		Plan A	Plan F	Plan G	Plan N
Current Plan	Plan A	GI	UW	UW	UW
	Plan B	GI	UW	UW	UW
	Plan C	GI	GI	GI	GI
	Plan D	GI	UW	GI	GI
	Plan E	GI	UW	GI	GI
	Plan F	GI	GI	GI	GI
	Plan G	GI	UW	GI	GI
	Plan H	GI	UW	GI	GI
	Plan I	GI	UW	GI	GI
	Plan J	GI	GI	GI	GI
	Plan K	UW	UW	UW	UW
	Plan L	UW	UW	UW	UW
	Plan M	GI	UW	UW	UW
	Plan N	GI	UW	UW	GI

GI = Guaranteed Issue Required
 UW = Policy must be underwritten

This chart is to be used exclusively for birthday open enrollment conversions in California. Oregon has published their own chart for conversions in Oregon.

APPENDIX B

Oregon Medicare Supplement Guaranteed Issue Replacement Matrix

I have a:	I can replace it with a*:
Medicare Supplement Plan A	Medicare Supplement Plan A
Medicare Supplement Plan B	Medicare Supplement Plan A, B
Medicare Supplement Plan C	Medicare Supplement Plan A, B, C, D, K, L, M or N
Medicare Supplement Plan D	Medicare Supplement Plan A, B, D, K, L, M or N
Medicare Supplement Plan E	Medicare Supplement Plan A, B, D, K, L, M or N
Medicare Supplement Plan F (not a high-deductible plan F)	Any Medicare Supplement Plan (except for Innovative plan F)**
Medicare Supplement High Deductible Plan F	Medicare Supplement High Deductible Plan F
Medicare Supplement Plan G	Medicare Supplement Plan A, B, D, G, K, L, M or N
Medicare Supplement Plan H	Medicare Supplement Plan A, B, D, K, L, M or N
Medicare Supplement Plan I	Medicare Supplement Plan A, B, D, G, K, L, M or N
Medicare Supplement Plan J	Any Medicare Supplement Plan
Medicare Supplement High Deductible Plan J	Medicare Supplement High Deductible Plan F
Medicare Supplement Plan K	Medicare Supplement Plan K
Medicare Supplement Plan L	Medicare Supplement Plan K or L
Medicare Supplement Plan M	Medicare Supplement Plan M or N
Medicare Supplement Plan N	Medicare Supplement Plan N

*Please see Appendix C for Plans available from Transamerica Premier Life.

**Innovative benefits include benefits not contained in other standardized Medicare Supplement insurance plans. Including, but not limited to, nurse advice lines, annual physical exam, preventive dental care, preventive vision care, routine hearing exam, and drug discount card.

Note: SELECT plans are considered equal to the same plan type it is modifying.

APPENDIX C

Available plans from Transamerica Premier Life

State	PLANS AVAILABLE FOR UNDER 65?	PLANS AVAILABLE PRE 65 (INSURED MUST BE DISABLED)	PLAN AGE 65 +
AL	NO	N/A	A, F, G, N
AK	NO	N/A	A, F, G, N
CA	YES	A, F, G, N	A, F, G, N
DC	NO	N/A	A, F, G, N
DE	YES	A, F, G, N	A, F, G, N
HI	YES	A, F, G, N	A, F, G, N
ID	YES	A, F, G, N	A, F, G, N
KS	YES	A, F, G, N	A, F, G, N
MD	YES	A	A, F, G, N
MI	NO	N/A	A, C, F, G, N
MO	YES	A, F, G, N	A, F, G, N
MT	YES	A, F, G, N	A, F, G, N
ND	NO	N/A	A, F, G, N
NH	YES	A, F, G, N	A, F, G, N
NJ	YES BUT LIMITED	C	A, F, G, N
NM	NO	N/A	A, F, G, N
NV	NO	N/A	A, F, G, N
OH	NO	N/A	A, F, G, N
OR	YES	A, F, G, N	A, F, G, N
PA	YES	A, B, F, G, N	A, B, F, G, N
RI	NO	N/A	A, F, G, N
SC	NO	N/A	A, F, G, N
SD	YES	A, F, G, N	A, F, G, N
TX	YES	A	A, F, G, N
UT	NO	N/A	A, F, G, N
VA	NO	N/A	A, F, G, N
WA	NO	N/A	A, F, G, N



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