



Memo

To: General Agents in New York
From: Charles R. Mankamy, President of General Agents
Jim Savo, FLMI, Vice President of Operations, General Manager
Re: Medicare AEP/MADP Reminder and Med-Supp Policy
Issue Delays

Keep these points in mind when selling Medicare Supplements to Individuals voluntarily disenrolling from Medicare Advantage during the Medicare Advantage Annual Enrollment Period (Oct. 15 through Dec. 7, 2016) and the Medicare Advantage Disenrollment Period (Jan. 1 through Feb. 14, 2017). To help ensure applications are taken correctly and policies are issued in a timely manner, please read this email in its entirety.

- Medicare supplement insurance is available only to Medicare beneficiaries enrolled in Original Medicare Part A and B.
- To be eligible for a Medicare Supplement, those with current Medicare Advantage (MA) coverage must be disenrolled from their MA and returned to Original Medicare prior to the effective date of their Medicare Supplement.
- A person enrolled in a stand-alone MA plan without prescription drug coverage CANNOT automatically disenroll from the MA plan by enrolling in a Medicare Part D Prescription Drug Plan. Unless the person contacts the MA plan or calls 1-800-MEDICARE to disenroll, the person is still enrolled in the MA plan and is not eligible for a Medicare Supplement.
- A person enrolled in a Medicare Advantage Prescription Drug (Rx) Plan (MA-PD) IS able to automatically disenroll from a MA-PD plan back to Original Medicare by enrolling in a stand-alone Medicare Part D Prescription Drug Plan. Anyone disenrolling from an employer/union sponsored MA-PD plan must also notify the sponsor with their disenrollment information.
- Evidence of disenrollment from a stand-alone MA or from a MA-PD plan for the Home Office is submitted through normal procedures as indicated below, which include the option of submitting a statement signed by the applicant that evidences the disenrollment procedure. If a copy of the Medicare Advantage termination letter is available and included with the application, no signed statement is required.

- **Pre-existing waiting periods are waived for applicants age-65 and over disenrolling from MA or MA-PD (the pre-existing waiting period is waived for all applicants in New York and other states where required for voluntary MA replacements during the AEP and MADP).**
- Voluntary disenrollment from a MA plan does not create a Guaranteed Issue situation in a non-Guaranteed Issue state.

Globe Life Insurance Company of New York requires applicants who are voluntarily disenrolling from a MA plan during the AEP or MADP and applying for Medicare Supplement coverage to submit **ONE** of the following documents with their completed application. Coverage cannot be issued without proof of disenrollment.

1. A copy of the signed letter the applicant sent to his/her MA plan requesting disenrollment -OR-
2. A signed statement by the applicant (see sample statement on page 3 below) indicating that the applicant has requested to be disenrolled from his/her MA plan, including how the request was made: whether by contacting the MA organization, by calling 1-800-MEDICARE, or for MA-PD plans only, by enrolling in a stand-alone Part D plan -OR-
3. A copy of the applicant's MA plan disenrollment notice (required if the applicant is being involuntarily terminated or non-renewed by his/her MA plan¹).

The above document(s) must be dated and must include the name of the MA Company from which applicant disenrolled.

Outside of the annual enrollment periods listed above, applicants will only be allowed to submit Option #3, which is a copy of the applicant's MA plan disenrollment notice.

Replacement forms must be completed by marking "Disenrollment from a Medicare Advantage Plan," and giving a brief explanation of the reason for disenrolling (replacement forms may vary by state).

¹ *Applicants involuntarily losing their MA Plan due to plan termination or non-renewal are Guaranteed issue. Health questions must not be answered if the applicant is eligible for Guarantee Issue. The applicant's MA Plan termination notice is **required** for involuntary termination or plan non-renewals.*

The following is a sample Statement of Disenrollment template which may be used by an applicant to indicate how the applicant disenrolled from Medicare Advantage. The statement may be personalized by using your letterhead. The applicant must include the MA plan company name, and the stand-alone Part D company name, if applicable, on the statement. In addition, the statement must be signed by the applicant.

If a copy of the Medicare Advantage termination letter is available and included with the application, no signed statement is required.

SAMPLE STATEMENT OF DISENROLLMENT

Date:

To: Globe Life Insurance Company of New York

From:

Re: Voluntary Cancellation of Medicare Advantage Coverage during the Annual Enrollment Period or Medicare Advantage Disenrollment Period

Medicare Advantage coverage can be voluntarily cancelled during the annual enrollment periods by: 1) notifying Medicare, 2) notifying the Medicare Advantage Plan directly, OR 3) for Medicare Advantage Prescription Drug (Rx) plans ONLY, enrolling in a stand-alone Part D plan.

Check the disenrollment below that applies, and fill in the company name(s) and date:

____ I certify that I am enrolled in a Medicare Advantage Plan or Medicare Advantage Prescription Drug (Rx) Plan, and I notified Medicare (1.800.MEDICARE) on _____ (date) of my intention to cancel my coverage with _____ Company and return to Original Medicare.

____ I certify that I am enrolled in a Medicare Advantage or Medicare Advantage Prescription Drug (Rx) Plan with _____ Company, and I notified this Company on _____ (date) of my intention to cancel my Medicare Advantage or Medicare Advantage Prescription Drug (Rx) Plan and return to Original Medicare.

FOR CANCELLATION OF MEDICARE ADVANTAGE PRESCRIPTION DRUG (Rx) PLANS ONLY:

____ I certify that I am enrolled in a Medicare Advantage Prescription Drug (Rx) Plan with _____ Company, and I indicated my intention to cancel that coverage and return to Original Medicare on _____ (date) by completing an application for a stand-alone Part D with _____ Company for 2017 coverage by phone or online.

Signed,

(applicant)

Top Seven Issues that Delay Application Processing

1. Faxing in checks instead of mailing

- a. If the applicant elects bank draft, complete the necessary paper work and submit the application on e-app or FAX a paper application in. If the applicant submits a premium check do not FAX the application (mail the paper application, along with the applicant's check).

2. Missing or Incorrect Agent Information

Last Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Agent No. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Agent's Signature	
GNYMA15	MAIL POLICY TO: <input type="radio"/> Agent <input type="radio"/> Insured

- a. Agent information is critical for processing applications as well as giving proper credit for the sale. There are three main areas that must be completed:
 - i. Agent number
 - ii. Agent signature
 - iii. Agent last name
- b. If you don't yet have an Agent number do not mark "pending" in this section. The application will have to be submitted once you have been licensed and appointed.
- c. Using iGo e-App® will ensure applications are completed correctly.

3. Applicant Signatures or Sign city/state/date

Application Signed at City <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	State <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	On this Date (mm-dd-yyyy) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Amount paid with application: \$ <div style="border: 1px solid black; width: 20px; height: 20px;"></div> , <div style="border: 1px solid black; width: 20px; height: 20px;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	for first <div style="border: 1px solid black; width: 20px; height: 20px;"></div> months premiums.	

- a. The Home Office cannot process applications that do not have the applicant's place of signature and their signature. Signature city and state must match residence city and state.

4. Applications received without an initial payment, or received with only a voided check

Application Signed at City <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	State <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	On this Date (mm-dd-yyyy) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Amount paid with application: \$ <div style="border: 1px solid black; width: 20px; height: 20px;"></div> , <div style="border: 1px solid black; width: 20px; height: 20px;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	for first <div style="border: 1px solid black; width: 20px; height: 20px;"></div> months premiums.	

- a. If premium is not received, in an approved form (personal check or EFT), the policy cannot be put in force. If the bank draft authorization is not submitted, the applicant cannot be set up for recurring payments.

5. **Applications that are too dark/light**

- a. Ensure the application is not too dark or light. It will often be more distorted once it's printed, and even more distorted when it's scanned into the reader system.

6. **Correct Applications**

- a. Use the correct form code. Double check the state code and whether or not a disability or overage application is necessary. This is very important. Using the iGo e-App® will ensure the application is completed accurately.

7. **Missing Barcode, Scan Indicators, and Application Boxes;**

Anything that obscures or alters the barcodes or the boxes on the application can render the application unreadable. To ensure applications are processed, all barcodes must be visible and all pages must be received.

Reminder: Using the iGo e-App® will eliminate most of the potential issues listed above. iGo e-App will provide the Letter of Intent, and it will ensure the application is completed accurately.

If you are not already using our iGo e-App®, or even if you'd just like a refresher course, now is the time to see how this sales tool can save you time and money in the busy sales season ahead!

[Click here](#) to view our iGo e-App® certification webinar schedule and register for a live training webinar. The iGo e-App® is available for Medicare Supplement, Final Expense Life and Juvenile Whole Life sales. As a reminder, agents may only write face-to-face cases using the iGo e-App® until February 4, 2017 when all functions will be restored on the iGo e-App®.

Call the Home Office in Liverpool, New York at 315-451-7975 or email GLNYAgency@torchmarkcorp.com with any questions.

Globe Life Insurance Company of New York conducts free Training Webinars for all appointed Agents.
Register NOW on your General Agent website.

We'd also like your most current e-mail address to keep you informed of products, contests, incentives, and important Company information. Call 1-800-925-6793 to update your e-mail address!