



MEDICO[®]

INSURANCE COMPANY



Distributors Manual

Protecting Your Future Today[®]

ABOUT THIS MANUAL . . .

This manual is the property of Medico® Insurance Company.

Please take time to read and become familiar with the contents. It is designed to assist all Distributors and FMOs in the writing and servicing of our insurance plans.

A manual cannot replace common sense. If you have a question that can't be answered by using this manual, don't hesitate to ask your FMO for additional information. Your Agent Sales Support is also available to assist you.

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AUTHORITY AND RESPONSIBILITY OF DISTRIBUTORS

Your Distributor's Agreement describes your authority as well as your obligation to the Company.

You are authorized to . . .

- a) solicit applications;
- b) collect first premium;
- c) deliver policies; and
- d) service business written by or assigned to you — all according to the Company's premium rates, rules and instructions now in force or as modified.

You are **not** authorized to . . .

- a) accept risks;
- b) alter policies;
- c) make contracts;
- d) obligate the Company in any manner;
- e) extend the time for premium payment;
- f) extend credit; or
- g) deliver any policy until the premium has been collected.

The Distributor must comply with all state and federal laws and the rules of the various state insurance entities. In soliciting business, the Distributor must use special care not to misrepresent benefits of the policy. The Distributor can accomplish this by thoroughly reviewing and becoming familiar with the benefits and limitations of the policies and riders he or she is soliciting.

Medico Insurance Company maintains compliance with the United States Treasury Department's Office of Foreign Assets Control and will not transact business of any kind with any individual or entity on OFAC's List of Specially Designated Nationals.

APPOINTMENT REQUIRED

Before any Distributor can represent the Company, he or she must be appointed with the Company by the insurance department in the state of solicitation. Any solicitation by an unlicensed representative is **prohibited by law** and this business **will not be accepted** by Medico.

Instructions to apply for a Distributor's appointment may be obtained from the FMO.

We strongly urge all Distributors to carry a copy of their insurance license — this is very effective in helping dispel the concerns of prospective applicants, who may question your authority to transact insurance business in their state.

CONDUCT OF DISTRIBUTORS

Generally, the provisions of the Insurance Code cite Distributor violations that are considered criminal in nature. Any Distributor cited for improper conduct referenced in the Insurance Code should seek the advice of an attorney.

IT IS IMPORTANT that the Distributor read and become familiar with the provisions of the law that regulates their conduct. Not doing so may result in profound consequences.

REBATING AND TWISTING

Both practices are generally **illegal** and will likely result in **termination** of a Distributor's license.

REBATING is the return of part or all of the premium, or offering any special favor or inducement as a consideration for the purchase of insurance.

TWISTING is knowingly making any misleading representation or incomplete or fraudulent comparison of any insurance policies or insurers for the purpose of inducing, or tending to induce, any person to lapse, forfeit, surrender, terminate, retain, pledge, assign, borrow on or convert any insurance policy or to take out a policy of insurance with another insurer. Such practice may be detrimental to the Policyholder, the Distributor and the Company. In most states, twisting is cause for revocation of the Distributor's license. We highly discourage replacement of policies of any company, but if a policy with another company is replaced, the proper replacement forms must be completed.

In recommending the purchase or replacement of any insurance policy or certificate, a Distributor shall make reasonable efforts to determine the appropriateness of the recommended purchase or replacement.

HIGH PRESSURE TACTICS is employing any method of marketing having the effect of or tending to induce the purchase of insurance through force, fright, threat, whether explicit or implied, or undue pressure to purchase or recommend the purchase of insurance.

COLD LEAD ADVERTISING is making use directly or indirectly of any method of marketing which fails to disclose in a conspicuous manner that a purpose of the method of marketing is solicitation of insurance and that contact will be made by an insurance distributor or insurance company.

COMPLETING THE APPLICATION

There are four fundamental rules which **MUST** be followed in writing an insurance application:

- a) The application must be taken by the Distributor;
- b) For underwritten applications, the applicant must appear to be in reasonably good health;
- c) The application must be taken (dated) in the state in which the applicant resides; and
- d) The applicant must personally sign the application.

It is very important that everyone associated with Medico follow these rules.

Applications must be completed in black ink and in a clear, legible manner. Do not abbreviate street or city names. Include apartment, house or lot numbers, if applicable. We request that a telephone number be given on our applications.

The importance of the correctness and accuracy of answers on the insurance application cannot be emphasized too strongly. The applicant represents that each statement is true, accurate and complete, to the best of their knowledge. The policy is issued in consideration of the representations made in the application. If a material misrepresentation is discovered later, we may find it necessary to rescind the policy and refund the premium.

All applications must be submitted immediately — if more than 14 days old, we will not be able to process the application and will ask the Distributor to rewrite the application.

APPLICATION DATES

Open Enrollment—Up to six months prior to the month the applicant turns age 65

Other Open Enrollments/Guarantee Issue – according to Medicare Buyers Guide

Underwritten Cases – Up to 120 days prior to the requested coverage effective date

EFFECTIVE DATES

Between age 64½ and 65 – The first of the month the individual turns age 65

All others – day after the application date or date of termination of other coverage, whichever is first

Requested Effective Date – up to 120 days after application date

THE APPLICATION MUST NOT BE HELD FOR ANY REASON!

HOW TO SUBMIT NEW BUSINESS

- FAX:** Toll-Free to 1-888-363-3420
- MAIL:** Medico's Corporate Office is in Omaha, NE, but please mail new business applications to:
Medico Insurance Company
Administrative Services – PO Box 10386
Des Moines, IA 50306-0386
- UPLOAD:** Upload an application that has been scanned into a PDF. Log onto MIC and go to:
1. "Agent info" tab
 2. Click on "Applications"
 3. Click on "Application Upload"
 4. Select the application PDF file you have saved
 5. Click on the "Upload the Files" button.

APPLICATION CONFIRMATION: A confirmation e-mail will be sent to the Distributor upon receipt of an uploaded application.

NEW BUSINESS TRANSMITTAL FORM, MI9F-077, must be included with each group of applications being submitted for each distributor number.

PREMIUM

Fax/Upload applications: Fax/Upload applications must be for applications for automatic bank withdrawal.

Mail applications: Mail applications may be for either automatic bank withdrawal or direct billed. Checks or Money Orders are to be payable to Medico Insurance Company.

List bill: A business can be either Direct Billed (use monthly bank mode) or bank withdrawal. Please indicate the billing source or complete the bank withdrawal authorization.

Credit/Debit Card: This option will be available in many states as of October 1, 2012.

POLICY ISSUE AND DELIVERY

The policy issue package includes the policy jacket, welcome letter and an identification card.

If the issued policy is mailed to the Distributor, it should be checked for accuracy and countersigned by the Distributor (if a resident Distributor of the Policyholder's state) before delivery to the Policyholder. The Distributor should personally deliver the policy to the Insured immediately.

We encourage Distributors to keep a record of the date that each policy is personally delivered or mailed to the Policyholder. It would be prudent for all Distributors to maintain a similar record.

A Distributor should immediately return to Medico any undelivered policy with an explanation of why it was undeliverable.

OVERCHARGES

If an overcharge of premium was made at the time of the original application, a refund check will be included with the policy issue package being sent to the Distributor.

SHORTAGES

If the initial premium is short, the Underwriting Department will advise the agency of the shortage and issuance of the policy will be suspended until the shortage has been sent to Medico.

FIRST EXPOSURE/FREE-LOOK PERIOD CANCELLATIONS/REFUND

States mandate a “free-look” period during which time a Policyholder has the right to review and cancel their policy. This period is also known as a right to return period. The 30-day free-look period begins when the Policyholder has their policy in hand. If, after reviewing, the Policyholder decides not to keep the policy, they may return the policy to the Company and request a refund of the premium that has been paid. After the free-look period, insurance companies are not required to return unused premium if a Policyholder decides to cancel their policy.

PREMIUMS AND RENEWALS

RENEWAL PREMIUM COLLECTION

A Distributor may **NOT** collect renewal premiums. If, however, a Distributor or FMO has no alternative but to take a renewal payment — it should be immediately sent to Medico’s **PREMIUM DEPARTMENT**. Renewal commission **CANNOT** be withheld under any circumstance! All renewal premium payments must be made out to Medico Insurance Company. Under no circumstances are premium payments to be made payable to the Distributor or the FMO.

ADDRESS UNKNOWN — UNDELIVERABLE MAIL

When a Policyholder moves without notifying the Company and leaves no forwarding address (or the forwarding address expires), communication between the Company and the Policyholder becomes impossible. Premium notices, reinstatement notices, even newly issued policies are frequently returned to the Company marked “Undeliverable.”

In such a situation, Medico must search for a corrected address. If a new address is found, the correspondence will be remailed to the insured. If there is no new address found, documentation is put on the case explaining the research done and that no new address was found. Many of these situations can be avoided if Distributors and FMOs will notify Medico immediately of any change of address (or other change) regarding their Policyholders. This is the **BEST** way to conserve business.

CONVERSION TO ANOTHER MODE ON DELIVERY OF POLICY

A policy may be converted to another mode of payment when the policy is delivered **or** within 90 days after the issue date (collection of the balance of another mode of payment past the 90th day is **NOT** permitted).

When the balance is submitted to Medico:

- a) Use a separate New Business transmittal;
- b) Identify the transmittal — Balance of Premiums;
- c) Indicate the Policyholder’s Name and Policy Number;
- d) Indicate the Renewal Mode — Annual, Semi-Annual, Quarterly; and
- e) Indicate the Premium.

CORRESPONDENCE AND COMMUNICATION

All correspondence sent by Medico is directed to the Distributor. Frequently, the Distributor will be asked to assist in placing a policy, in handling a claim inquiry, etc. It is the Distributor’s responsibility to take care of the matter as soon as possible and to reply to us immediately.

When you are appointed, you will be asked to complete a personal data form for our Agent Sales Support — **it is extremely important that you notify Medico’s Agent Sales Support of any change in your address, phone number or e-mail address.**

Communications (including telephone and FAX charges) and transportation expense (including postage) in all cases will be paid by the sender. **NO collect calls will be accepted by Medico personnel, including management, from any Distributor or Solicitor.**

CUSTOMER SERVICE CENTER TOLL-FREE NUMBER — 1-800-228-6080

The Customer Service Center Toll-Free Number can be used by Policyholders and Distributors to obtain information, make inquiries and limited requests on specific policies.

Through use of the toll-free number, we can service a Policyholder by providing information on:

- a) Mode of payment;
- b) Type of coverage provided by a policy;
- c) Effective and paid-to-dates of a policy;
- d) Reasons for rate increases;
- e) Duplicate policy or identification card requests;
- f) Changing a Policyholder's address and phone number;
- g) Status of a claim; or
- h) How to file a claim.

If the available information is not complete enough to handle a Distributor's request, it may be necessary to call direct and speak with the appropriate department.

Calls cannot be transferred through the toll-free number.

AGENT SALES SUPPORT TOLL-FREE NUMBER — 1-800-547-2401

Distributors and solicitors can use the Agent Sales Support Toll-Free Number for assistance with questions they have, as they represent our Company and sell our products. Agent Sales Support will answer your question or direct you to the appropriate Department to respond to your question.

Specifically, questions in the following areas should be directed to Agent Support:

- 1) Distributor login registration and use of the Manager Information Center (MIC) Website;
- 2) Licensing procedures;
- 3) Contracting procedures and Commission Amendments;
- 4) Distributor record maintenance;
- 5) Commission Statement questions; or
- 6) Supply Requests – PLEASE NOTE THAT ONLY DISTRIBUTORS MAY REQUEST SUPPLIES. SOLICITORS MUST CONTACT THEIR DISTRIBUTOR FOR SUPPLIES. SEE WEBSITE SECTION FOR INSTRUCTIONS ON ORDERING SUPPLIES ON THE MIC WEBSITE.

PREMIUM CONTROL/NEW BUSINESS TOLL-FREE NUMBER — 1-866-520-6653

The Premium Control and New Business Toll-Free Number can be used by Policyholders and Distributors for:

- 1) Bank changes;
- 2) Policyholder's address and phone number changes;
- 3) Renewal questions; or
- 4) Current New Business questions.

UNDERWRITING HOTLINE — 1-800-626-2068

Risk selection requires the combined efforts of the Distributor and the Underwriter.

The Underwriter is responsible for reviewing and making a decision on the applicant's eligibility for all policy types marketed by the Company. We realize that clarification regarding individual situations is sometimes necessary. With this in mind, we have instituted an Underwriting Hotline — a toll-free number, 1-800-626-2068.

The UNDERWRITING HOTLINE, 1-800-626-2068, connects you with an Underwriter, Monday through Friday 7:30 a.m. to 4:45 p.m. (CST). The Underwriter will answer your questions regarding risk selection. While the Underwriter cannot make a final determination of an individual's eligibility until the application is received and underwritten, we can provide you with the likely handling based on the information you have.

GENERAL INFORMATION TOLL-FREE NUMBER — 1-800-695-5976

The General Information Line is available during normal office hours, Monday through Friday 7:30 a.m. to 4:45 p.m. (CST). The General Information Line cannot be used for any of the above-mentioned situations but can be used to reach a specific person who can assist you.

FAX NUMBERS

Agent Sales Support	402-398-0887
Customer Service Center / Claims Department	402-938-9459
Underwriting Department.....	402-391-0537
New Business / Premium Control	888-363-3420

ADVERTISING AND PUBLIC RELATIONS

YOU represent the Company in your community! Your conduct, discretion and relationships with others will determine the reputation for both the Company and the Distributor. Being pleasant and courteous to your fellow Distributors and when personally contacting Policyholders and the general public is an important part of your profession.

Occasionally, confidential information about applicants, Policyholders or others is presented to us and to you. We have a strict obligation not to divulge any information which comes to us in confidence, or which might injure or embarrass the persons concerned. **YOU** have the same responsibility.

A Distributor is **forbidden** to publish or circulate **any** literature or advertising material concerning the policies or business of our Company without its first being submitted to Medico for review and approval. If you have any questions, contact Medico Marketing at 1-800-695-5976.

Approved advertising pieces are available on the Medico Information Center (MIC) website at mic.gomedico.com.

WEBSITES

Our agent website is **mic.gomedico.com**. The public website, www.gomedico.com, provides general information about the Company.

The Medico Information Center (MIC) is designed for our Distributors. To gain access to the site, the Distributor must obtain proper security from Medico's Agent Sales Support. It is the Distributor's responsibility to provide access to MIC for their own solicitors. This is done on the User Management screen on the website.

Some of the features on MIC are:

- The Compliance Department maintains our product pages that provide the approval status of our current products.
- Product Announcements / Bulletins
- The Reporting area of MIC provides you with access to your Policyholders and pending applications. In addition to viewing these records, you can print the list or download the list to a spreadsheet. Keep in mind that these Policyholders are a result of your efforts and you will want to keep their identity and status confidential. **Be assured that your Policyholder information is completely secure; only your codes can access this information.**

SUPPLY REQUESTS – PROCEDURES

- From the Home Page on MIC under Agent Info – click on ‘Supply Orders’
- Select – ‘Select Product Items’
- Select – State you want supplies for
- Click on ‘Approved’ under the Product you want supplies for
- Forms, Booklets, Brochures, etc. are listed for each product in the state. The Product you clicked on from the previous page appears first. Other products available in the state are also listed.
- In the far right ‘Order Qty’ column, enter the amount for each Form, Booklet, Brochure, etc. you want
- Click on ‘Supply Orders’ below the tabs at the top of the screen
- Click on ‘Submit Your Order’
- You will receive a confirmation e-mail that the order has been submitted to Medico
- Agent Sales Support will release the order to be fulfilled by our Supply Department
- The order will be sent to the UPS address you have provided us

CUSTOMER SERVICE CENTER PROCEDURES

If the policy is returned with a cancellation request, the Distributor will then be called so that they are aware of the cancellation request. This is done to give the Distributor the opportunity to conserve the business. If the Distributor is unable to conserve the business or if a reply is received from the Distributor, a full refund will be sent directly to the Policyholder with a cover letter.

While the free-look period consists of 30 days, the 30 days starts from the date in which Policyholder receives the policy. This can vary from when the policy is received by the Distributor, depending on when it is physically delivered to the Insured. If it appears that the free-look period has expired, we do not automatically assume that the request was made too late. We will review each request on a case-by-case basis, giving the benefit of the doubt to the Policyholder. If the receipt date of the Policy is not with the cancellation request, we will contact the Distributor for the date that the policy was physically delivered to the Policyholder. Any exceptions should be reviewed on a case-by-case basis, again always giving the benefit of the doubt to the Policyholder.

Cancellation requests are sometimes received within the free-look period, but without the policy. In these instances, we will contact the Policyholder advising that we will honor their request upon receipt of the policy. We ask that the policy is returned within 10 days and include a business reply envelope with the letter. A copy of the letter along with a copy of the Policyholder’s letter is sent to the Distributor. If the policy is received within the time frame provided, a full refund will be sent directly to the Insured with a cover letter. Policies received outside of the time frame provided will be reviewed on a case-by-case basis, taking into consideration the reason for the delay.

If the Policyholder indicates that the policy has not yet been received and it was mailed from Medico within 45 days, this is also handled in the same manner as if the policy was returned with the request.

If a cancellation request is received with the Policyholder indicating that they have not received their policy, and the system shows that the mail date was over 45 days ago, we will contact the Policyholder as well as check with the Distributor for the date of policy delivery. If the Distributor verifies that the policy has yet to be delivered or was delivered after the date of the Insured's letter, we will proceed as if the policy was returned with the cancellation request.

If the Distributor sends the cancellation request, we will process without an acknowledgement letter, as the Distributor has already had the chance to conserve the business. We will proceed with a full refund of premium to the Insured.

If a Distributor calls to advise that a policy has been conserved, we will ask to have this in writing signed by the Policyholder verifying the conservation. A letter acknowledging this will be sent to the Policyholder.

If a "contrary to save" notification is received within 30 days of the date that we were advised by the Distributor that the business was conserved, proceed with a full refund of premium to the Insured. The Distributor will be notified, along with a letter advising that, ". . . contrary to your notification, the Policyholder subsequently insisted on cancellation and refund," and that we had no choice but to comply with their request.

CONSERVATION ATTEMPT

Conservation is an attempt to have the Policyholder reconsider the cancellation decision and allow the Distributor time to contact the Policyholder about keeping the coverage. A telephone call will be made to an active Distributor on all policy types.

CANCELLATIONS

The cancellation date will be determined by:

1. Date received at Medco;
2. Company date stamp date;
3. Date of the original phone call to Medco;
4. Date the fax was generated to Medco; or
5. Policyholder requested date for an advance cancellation.

Renewal Cancellations

A cancellation request at time of renewal (paid to date).

Sub-Exposure Cancellations

A cancellation request received when the policy is paid ahead 30 days or more.

How Cancellations are Accepted

Cancellations can be requested either verbally or with a written notice by the Policyholder or the Distributor. Methods of communication include:

- Telephone call
- Fax
- E-mail
- Letter via mail

Power of Attorney can request a cancellation with proper legal documentation.

Attorney requests will be accepted, with the Policyholder's written authorization.

When a family member requests a cancellation, we will attempt to get the Policyholder's written or verbal request, unless it is determined the insured is incapacitated.

Special States

The states listed may have variation regarding mid-term cancellation and refund. Each state has its own unique regulations regarding refunds. Medico will follow the specific state guidelines.

- Alaska, Arizona, Arkansas, California, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, Washington, Wisconsin.

The above guidelines may not cover all circumstances, but is a general representation of how refunds are processed by Medico. If you have questions about special circumstances or any issues please feel free to contact our Customer Service Center at 1-800-228-6080 and we will be happy to assist you.

REINSTATEMENTS

When a policy has been lapsed more than 31 days but less than 180 days — it may only be reinstated. This is done by submitting a completed Reinstatement Application, Authorization M9F-4218, a full premium and the New Business Transmittal, MI9F-077 to the New Business Department. However, within 60 days following the paid to date, a Medicare Supplement policy may be put back in force by submitting all back premiums.

Our Universal Reinstatement Forms are used for all Medico products:

MIA3023 – Control Form used in Alabama, Arkansas, Colorado, District of Columbia, Delaware, Georgia, Hawaii, Iowa, Idaho, Illinois, Indiana, Louisiana, Michigan, Minnesota, Mississippi, Montana, North Carolina, North Dakota, Nebraska, New Hampshire, New Mexico, Nevada, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Wisconsin, West Virginia, Wyoming.

MIA3023-2 – Kansas, Texas

MIA3023(AK) – Alaska

MIA3023(AZ) – Arizona

MIA3023(CA) – California

MIA3023(FL) – Florida

MIA3023(KY) – Kentucky

MIA3023(MD) – Maryland

MIA3023(ME) – Maine

MIA3023(MO) – Missouri

MIA3023(PA) – Pennsylvania

MIA3023(VA) – Virginia

MIA3023(VT) – Vermont

MIA3023(WA) – Washington

The agent website "mic.gomedico.com" under "My Policyholders" then Policyholder Reports" and Policy Status_Lapse report will reflect any policy in the lapsed status for 90 days from the lapsed date.

REINSTATEMENT PREMIUMS

The date the application is approved by Underwriting serves as the effective date of coverage for all accidents occurring thereafter and for all illnesses that have their complete and entire inception ten days after the acceptance date of the reinstatement. The Distributor needs to advise the Policyholder to submit a full mode of payment on Life reinstatements and pay all back premiums.

CLAIMS

Claim forms are available from the public website, www.gomedico.com. We feel that we can best serve our Policyholders if they send in their own personal claim form and supporting bills. This direct-by-mail procedure avoids delays; and we have found it to be in the best interest of the Policyholder, Distributor and the Company.

We invite questions or criticisms concerning our handling of any claim. If a mistake is made in our auditing and payment of a claim, we want to rectify it at once. Our claims are all paid according to the terms of the policy because this is the only way we can operate with complete fairness to all.

Occasionally, you may encounter a disgruntled Policyholder. It is **YOUR RESPONSIBILITY** to notify Medico of any complaint and to cooperate with the Company during any requests for information. We want to know about it so that any misunderstanding about the policy provisions or the actual facts of the case may be fully explained to the satisfaction of a reasonable and fair-minded claimant. When it is evident that there are no grounds for complaint, you may be asked to explain the policy provisions to the claimant and point out the applicable section of the policy which governs the disposition of the claim.

Keep in mind when discussing any benefit matters with any Policyholder, applicant, or claimant that it is not the intention of the Company to go beyond the terms of the policy. **DO NOT READ INTO THE POLICY THAT WHICH DOES NOT EXIST.** It is **important not to make any commitments or agreements with the Policyholder**, because this is entirely **outside the scope of your authority**. Your obligation to the Policyholder in your territory is to inform Medico of any dissatisfaction, as well as give us any additional information which may constitute grounds for reconsideration. After you have been apprised of the results of such a claim review, you may be expected to explain the Company's position.

MEDICARE AUTOMATIC CLAIM FILING PROGRAM

Medico Insurance Company receives their Medicare claims electronically and this eliminates the need for the Insureds or providers to file their claims.

Eligibility is based upon the Insured's Health Insurance Claim Number (HICN) that is requested on our Application for Insurance. The HICN number and alpha character appears on the Insured's Medicare Part B identification card. The start-up process usually takes a few weeks to implement — so it is extremely important to obtain the correct HICN. After the automatic claim filing system is implemented, the Insured's Medicare form should state that this information has been forwarded to their secondary insurance carrier.

Claim payments are sent to either the Insured or to the providers based on the information received or included in our records.

Automatic claim filing allows the claim information to be electronically submitted, processed and stored with minimal manual intervention.

“DO’S” AND “DON’TS” ON CLAIMS

The following outlines your role in the handling of claim matters:

“DO’S”

1. Distributors may accept written notice of a claim.
2. Distributors may point out the need for claim forms to be completed.

3. Distributors may instruct the Insured concerning additional information required. (Hospital bills, doctor bills, explanation of Medicare forms A and B, etc.)
4. Distributors may take inquiries on claims through their Agency's office, so they can be up-to-date.
5. Distributors may request a review of a closed case if there is any question of the handling.

“DON'TS”

1. Distributors may not complete claim forms for clients.
2. Distributors may not make a statement that a claim **is or is not** payable.
3. Distributors may not receive medical reports or bills on a claim.
4. Distributors must keep information regarding a client's health or claim history confidential from those other than the Company.

NOTE: Any infraction of these rules can place a Distributor and the Company in an embarrassing position and may lead to action against the Distributor.