Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna®

New business made easy

Aetna Senior Supplemental Insurance*

- **Individual Medicare Supplement**
- **Final Expense whole life**
- **Cancer and Heart Attack or Stroke**
- **Home Care Plus**
- **Hospital Indemnity**
- **Recovery Care**

*underwritten by American Continental Insurance Company, Continental Life Insurance Company of Brentwood, Tennessee and Aetna Health and Life Insurance Company, all Aetna companies

New business cycle times

Reducing Not-In-Good-Order (NIGO) applications helps EVERYONE!

- NIGO applications account for almost **40%** of all applications received
- NIGO applications add **5 to 6** business days to new business cycle times
- NIGO applications put your new business at RISK!

Applications received In Good Order equal faster policy issue

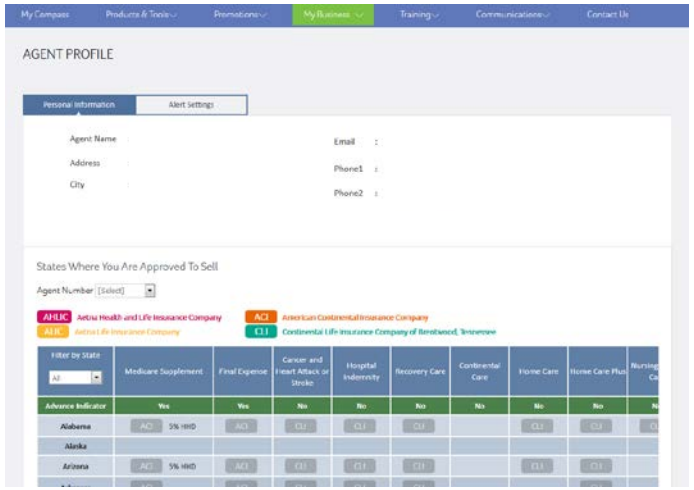
- Greater customer satisfaction
- Saves YOU time!

Top reasons why applications are NIGO

- Premium shortages and miscalculations
- Incomplete application, missing documentation
- Missing Guaranteed Issue credible coverage documentation (Medicare Supplement only)
- Missing Social Security Number or incorrect Medicare Claim Number
- Missing or inaccurate bank information (Bank Service Plan/Electronic Funds Transfer application)
- Agent not appointed or incorrect writing number used
- Missing signatures
- Wrong plan or benefit selected (including riders)

Required: Approval to sell

- Agents must be licensed, contracted, and appointed for **each** product **and** underwriting company, in each state they wish to sell.
- Agent must have **written home office approval** to sell the product **prior to** taking an application (regardless of state law).
  - An application received without prior home office approval (for the underwriting company **and** contract type) will not be processed and will be returned to the agent.
- Use the correct agent writing code on the application and be sure it is legible.
- New product launches or product re-launches may require new *approval* to sell; if in doubt, contact Licensing or review your agent profile online.



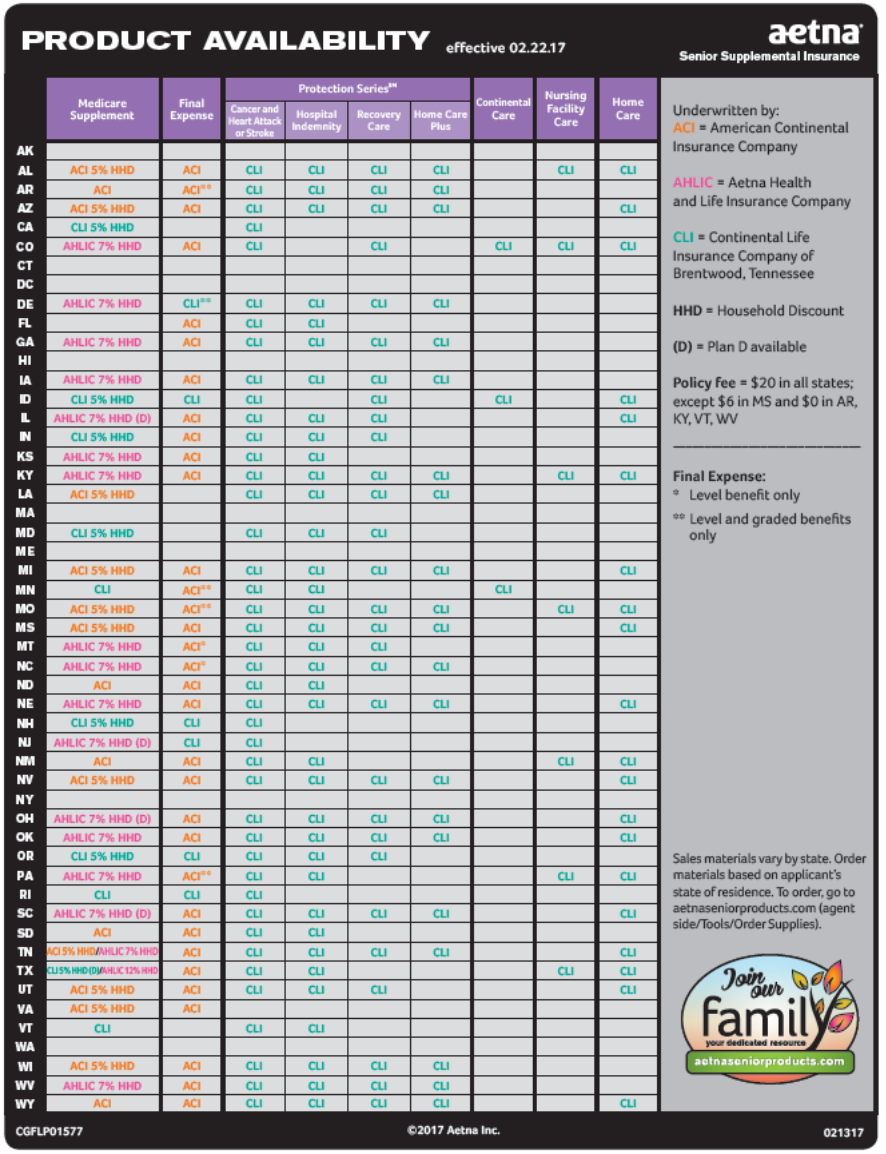
View your profile on the agent side of aetnaseniorproducts.com:

- Your correct writing code(s)
- Your active state appointment(s) by underwriting company

Sales Materials

State-specific forms

- Based on applicant's resident state
- Product availability and benefit options vary by state
- Verify **Product Availability** on agent side of **aetnaseniorproducts.com**
- Sales materials are state-specific, vary by product, and by underwriting company
- Sales kits include everything you need to take an application



PRODUCT AVAILABILITY effective 02.22.17

aetna Senior Supplemental Insurance

	Medicare Supplement	Final Expense	Protection Series℠				Continental Care	Nursing Facility Care	Home Care
			Cancer and Heart Attack or Stroke	Hospital Indemnity	Recovery Care	Home Care Plus			
AK									
AL	ACI 5% HHD	ACI	CLI	CLI	CLI	CLI		CLI	CLI
AR	ACI	ACI*	CLI	CLI	CLI	CLI			
AZ	ACI 5% HHD	ACI	CLI	CLI	CLI	CLI			CLI
CA	CLI 5% HHD		CLI						
CO	AHLIC 7% HHD	ACI	CLI		CLI		CLI	CLI	CLI
CT									
DC									
DE	AHLIC 7% HHD	CLI**	CLI	CLI	CLI	CLI			
FL		ACI	CLI	CLI					
GA	AHLIC 7% HHD	ACI	CLI	CLI	CLI	CLI			
HI									
IA	AHLIC 7% HHD	ACI	CLI	CLI	CLI	CLI			
ID	CLI 5% HHD	CLI	CLI		CLI		CLI		CLI
IL	AHLIC 7% HHD (D)	ACI	CLI	CLI	CLI				CLI
IN	CLI 5% HHD	ACI	CLI	CLI	CLI				
KS	AHLIC 7% HHD	ACI	CLI	CLI					
KY	AHLIC 7% HHD	ACI	CLI	CLI	CLI	CLI		CLI	CLI
LA	ACI 5% HHD		CLI	CLI	CLI	CLI			
MA									
MD	CLI 5% HHD		CLI	CLI	CLI				
ME									
MI	ACI 5% HHD	ACI	CLI	CLI	CLI	CLI			CLI
MN	CLI	ACI**	CLI	CLI			CLI		
MO	ACI 5% HHD	ACI**	CLI	CLI	CLI	CLI		CLI	CLI
MS	ACI 5% HHD	ACI	CLI	CLI	CLI	CLI			CLI
MT	AHLIC 7% HHD	ACI*	CLI	CLI	CLI				
NC	AHLIC 7% HHD	ACI*	CLI	CLI	CLI	CLI			
ND	ACI	ACI	CLI	CLI					
NE	AHLIC 7% HHD	ACI	CLI	CLI	CLI	CLI			CLI
NH	CLI 5% HHD	CLI	CLI						
NJ	AHLIC 7% HHD (D)	CLI	CLI						
NM	ACI	ACI	CLI	CLI				CLI	CLI
NV	ACI 5% HHD	ACI	CLI	CLI	CLI	CLI			CLI
NY									
OH	AHLIC 7% HHD (D)	ACI	CLI	CLI	CLI	CLI			CLI
OK	AHLIC 7% HHD	ACI	CLI	CLI	CLI	CLI			CLI
OR	CLI 5% HHD	CLI	CLI	CLI	CLI				
PA	AHLIC 7% HHD	ACI**	CLI	CLI				CLI	CLI
RI	CLI	CLI	CLI						
SC	AHLIC 7% HHD (D)	ACI	CLI	CLI	CLI	CLI			CLI
SD	ACI	ACI	CLI	CLI					
TN	ACI 5% HHD/AHLIC 7% HHD	ACI	CLI	CLI	CLI	CLI			CLI
TX	CLI 5% HHD (D)/AHLIC 12% HHD	ACI	CLI	CLI				CLI	CLI
UT	ACI 5% HHD	ACI	CLI	CLI	CLI				CLI
VA	ACI 5% HHD	ACI							
VT	CLI		CLI	CLI					
WA									
WI	ACI 5% HHD	ACI	CLI	CLI	CLI	CLI			
WV	AHLIC 7% HHD	ACI	CLI	CLI	CLI	CLI			
WY	ACI	ACI	CLI	CLI	CLI	CLI			CLI

Underwritten by:
ACI = American Continental Insurance Company

AHLIC = Aetna Health and Life Insurance Company

CLI = Continental Life Insurance Company of Brentwood, Tennessee

HHD = Household Discount

(D) = Plan D available

Policy fee = $20 in all states; except $6 in MS and $0 in AR, KY, VT, WV

Final Expense:
* Level benefit only
** Level and graded benefits only

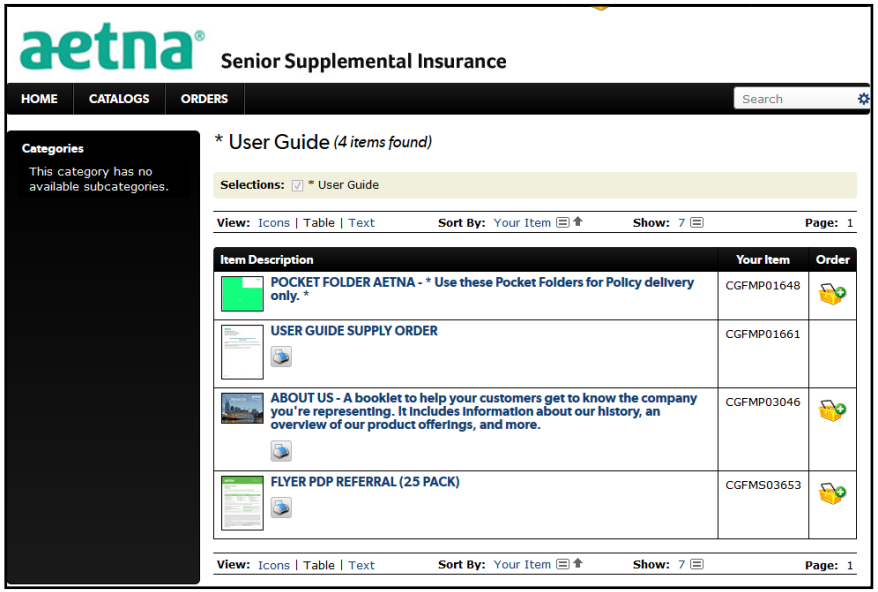
Sales materials vary by state. Order materials based on applicant's state of residence. To order, go to aetnaseniorproducts.com (agent side/Tools/Order Supplies).

Join our family your dedicated resource aetnaseniorproducts.com

CGFLP01577 ©2017 Aetna Inc. 021317

Always use current sales materials

- Sales kits (and/or the individual forms) can be ordered, downloaded, or viewed on the secure agent side of **aetnaseniorproducts.com**
- Check your inventory often and destroy any outdated sales materials
- Verify the form is current – check the revision date (bottom right corner of the form) to ensure you have the latest version of every form you use
- Watch your email box for updates on new or revised forms and new product launches – as new forms may be required



Important: Using an old or incorrect form will require a new application.

Field guides and rate guides

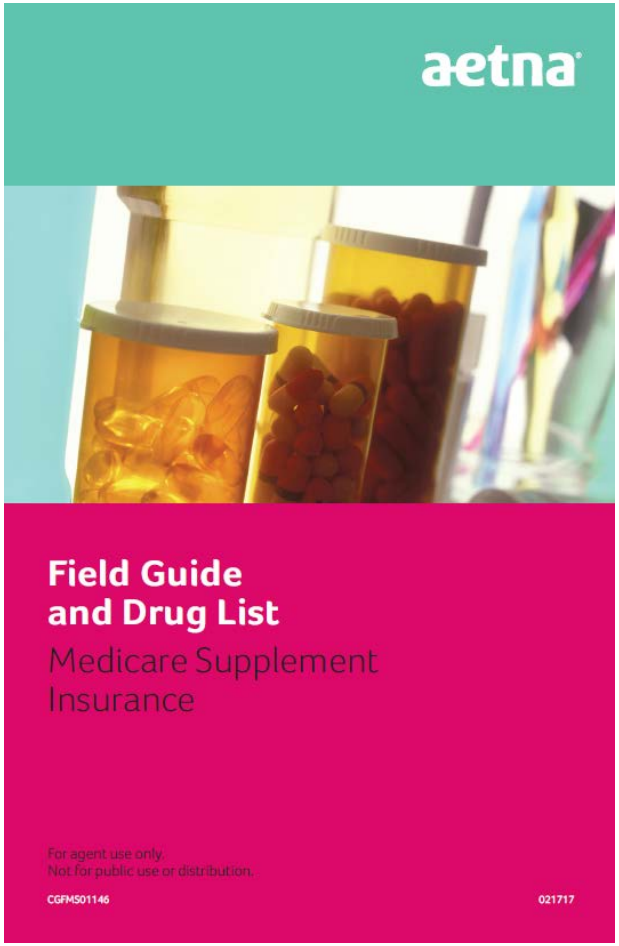
Product-specific field guide (in all sales kits)

- New business guidelines, drug lists, declinable conditions

Agent rate guide (not in sales kits; available to download)

- Medicare Supplement
  - Calculated monthly rates listed by gender/preferred or standard, by zip code)
- Final Expense
  - Calculated monthly rates listed by select face amounts (Bank Service Plan)
  - Calculated rates listed by targeted premium (Money Purchase Plan)

Agent Check List (in each Medicare Supplement sales kit)



Completing an application

Application In Good Order

The application is a legal document and becomes part of the policy.

- Make sure ALL forms are complete, legible, properly signed/initialed, and dated.
- Complete all of the state required forms and include any supporting documents (such as proof of credible coverage, initial premium, etc.).
- Mistakes must be crossed out (once) and corrections must be initialed and dated (in the margin) by the applicant.
  - **Do not use white-out or initial a change on behalf of the applicant**.
- Review the completed application with the applicant BEFORE you finish the sales interview.

Important: An incomplete application delays policy issue and MAY require that a new application be taken.

Applicant's address

- Applicant MUST BE a **U.S. resident** if applying for Medicare Supplement and Final Expense.
- Applicant's **physical (street) address** is REQUIRED before the application can be processed.
  - Mailing address can be a P.O. Box BUT a physical address MUST be also be provided.
- Applicant's primary residence MUST be in the policy issue state (regardless of where you take the application).
- If applying for the **household discount** (on Medicare Supplement policies, where available) both applicants must reside in the same household for 12 months or more.

Important: Make sure the U.S. resident question is answered by the applicant.

Verify all dates

- Check all dates carefully, including the applicant's date of birth.
- The **application signature date** CANNOT be in the future and must be the date the applicant actually signed the application.
- The application can not be submitted more than 30 days after it was signed.
- The *monthly* **Bank Draft Date and the requested Policy Effective Date** cannot be the **29th**, **30th**, or **31st** of a month.

Important: "As soon as possible" is NOT a valid date – always use a future calendar date, allowing sufficient time for processing.

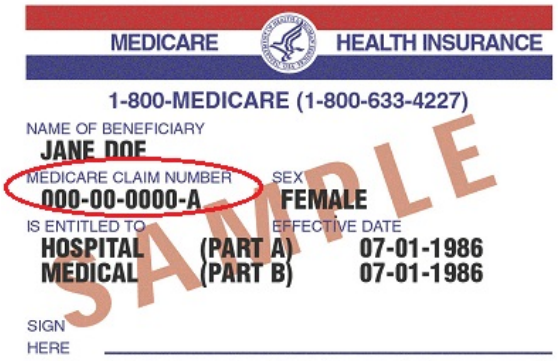
Medicare Supplement new business guidelines

Medicare Claim Number

An accurate Medicare Claim Number is the key to fast claims service.

- Ensure the applicant's Medicare Claim Number is correct and legible by comparing it to their Medicare ID card.
  - DO NOT assume their Medicare ID number is their Social Security Number.
  - DO NOT use the spouse's SSN.
- Include both applicants Medicare Claim Numbers when two people are applying for the household discount.
- Write "**Medicare Number/Date Pending**" on the application if the applicant is first becoming eligible for Medicare and is waiting for their Medicare Claim Number, and the dates of their enrollment in Medicare Part A and Part B.
  - Remind the policyholder to call Policyholder Services as soon as they have received their Medicare Claim Number.

ALWAYS include the letter(s) as it is an important part of the beneficiary's nine-digit Medicare Claim Number



Proof of credible coverage

REQUIRED on Guaranteed Issue (GI) applications

- Each GI application **MUST** include sufficient **proof of credible coverage** documentation, such as a copy of the applicant's:
  - Termination of coverage letter
  - Loss of coverage letter
  - Applicant's signed cancellation notice sent
- Call the New Business team (**800.264.4000, option 3, then 2**) if you are unsure the documentation you provide will be acceptable

State guidelines for Guaranteed Issue (GI) applications

- GI provisions vary by state; refer to the appropriate state regulations
- Plan options can be limited: Plan G and Plan N are not GI plan options in most states

Important: Proof of credible coverage MUST include the plan termination date.

Open Enrollment (OE) and Guaranteed Issue (GI) applications

Health questions DO NOT apply

- Open Enrollment (OE) and Guaranteed Issue (GI) applications **DO NOT require underwriting**.
- Do not complete the health questions section of the application.
- Use the preferred rate, *regardless* of the applicant's use of tobacco.

New business guidelines

Underwritten applications

Health questions required on ALL underwritten applications (not OE or GI)

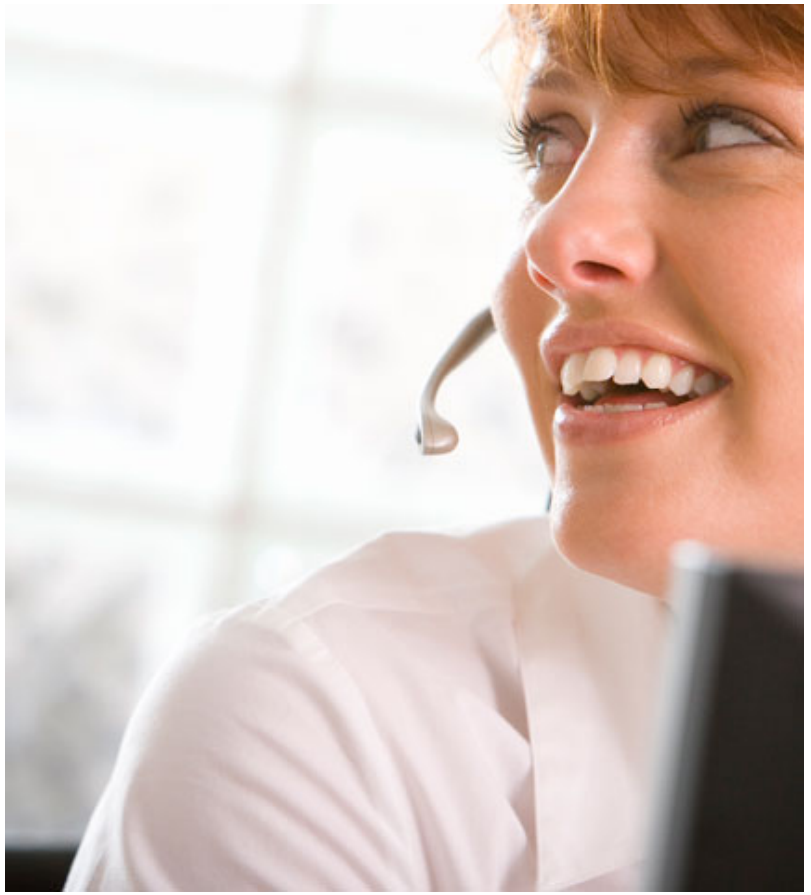
- All health questions MUST be answered (Yes or No).
  - Mark each response separately; do not draw a single line down all "No" responses .
- Final Expense applicants must respond to all health questions until a "Yes" answer is provided; benefit level and premium is based on health history (see application).
- For all other products, a "Yes" answer to a health question is an automatic decline; DO NOT submit the application if any health question is answered "Yes."
  - Check the Field Guide for declinable conditions /medications.
- Carefully review the health questions making sure the applicant understands and responds verbally to EACH question; call underwriting if the applicant has a question.
- When required, physician and drug information should include:
  - ALL physicians seen within the last 24 months and the reason/diagnosis for any specialty provider or hospital visits
  - All prescribed medications and the reason/diagnosis why each was prescribed.

Important: Final Expense applicants should call the FE Jet Pre-approval line (during the sales interview) to determine the level of benefit the applicant may apply for. However, home office approval is still required before the policy will be issued.

Telephone interview (TI)

Required on ALL underwritten applications

- Make sure the telephone numbers (including area code) are correct and legible on all applications.
- Advise the applicant that a TI is standard procedure and to expect a call from the home office.
  - When possible, indicate the best telephone number and time to reach the applicant.
  - The **Final Expense Jet Pre-Approval (TI)** is used at **point of sale** and applies to ALL Final Expense applications.
  - A point of sale TI can also be done for all other products by calling the TI phone line.



Important: An application will be declined if the applicant is unwilling or not able to complete the TI or if it is discovered the agent did not speak directly with the applicant. Agents CANNOT assist the applicant during the TI.

Ways to submit an application

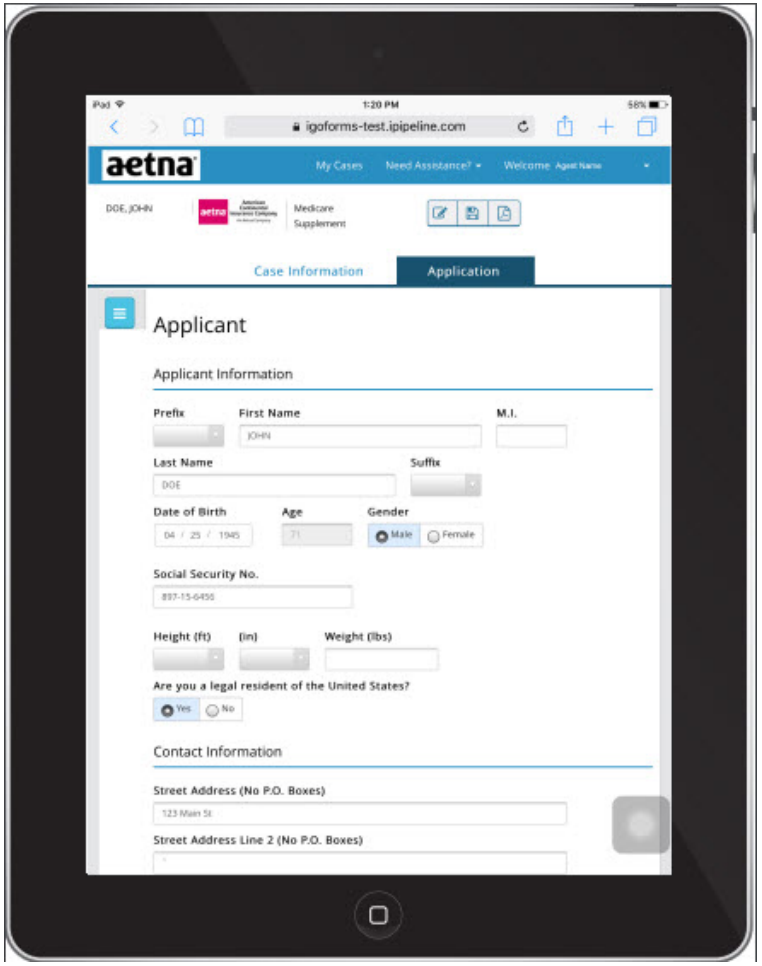
- **E-App (fastest!)**
- **Fax**
- **Mail**

Important: Applications received 30 days or more after the application signature date can not be processed. A new application will be required.

Electronic application (E-App) tool

The FASTEST way to submit an application

- Accurate data required in each step results in smooth processing
- Submit in real time – we receive them immediately to begin processing
- Ability to view in your Pending New Business online report within 30 minutes



Faxing an application

Check each fax to make sure ALL pages transmit successfully

- Application documents are glossier and thinner than normal stock paper – make sure all pages are transmitted.
- Watch for dropped fax transmissions; incoming faxes and dial up connections can interrupt the fax transmission.
- When faxing multiple applications, be sure to transmit them separately.

Mailing an application

- Send applications to the correct business area.
  - New business envelopes are in sales kits (Submit **one application per new business envelope**)
  - Use the Home Office Directory (available on **aetnaseniorproducts.com**)
- Submit applications, all required forms (HIPAA, replacement, proof of credible coverage, etc.) AND the initial premium as soon as possible.
- For direct bill payment: Initial premium payment must be mailed (do not fax a copy of a check) at the time of application

Ways to sign an application

- **Voice signature**
- **Email signature**
- **Wet (paper) signature**

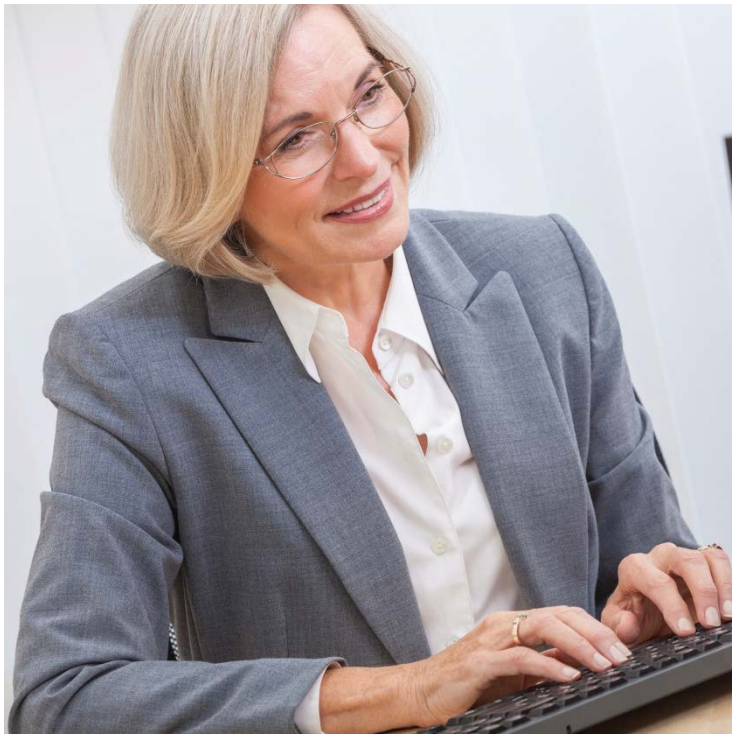
Trailing documents

When new or additional documents are required, send ONLY the revised or missing document

- DO NOT re-submit the application, as this may result in multiple policy numbers/files being created.
- Send ONLY the requested document(s).
- Make sure all trailing documents includes the applicant's name and (pending) policy number and the agent's name, writing code, and phone number.
  - Policy numbers can be obtained by going to the Pending Policy Report on the agent side of **aetnaseniorproducts.com**
- DO NOT send trailing documents via email

Premium requirements

- Be sure the selected premium mode is shown on the application form AND is calculated correctly:
  - Rate x .265 = quarterly premium
  - Rate x .520 = semi-annual premium
  - Rate x .08333 = monthly (except in CA)
- Premium shortages can occur if premium is not calculated based on modal factors – see the agent rate guide for guidelines on how to calculate the premium.
- A rate calculator is available online at **aetanseniorproducts.com**



Be sure to avoid these common mistakes: Bank information is missing, not legible, or incorrect, and/or the type of account (checking or savings) is not indicated.

Premium checklist

DO

- ✓ Include the initial premium with each application you submit
- ✓ Make check payable to the underwriting company
- ✓ Include the application/policy fee (when applicable) and for each applicant if two family members are applying for coverage together
- ✓ Husband and wife premiums should be on separate checks, when possible
- ✓ Verify that the initial premium is calculated correctly based on the modal premium selected
  - California Medicare Supplement applications should only include one month's premium, regardless of billing mode selected

DO NOT

- x Submit a post-dated check
- x Submit payment (or partial payment) from the agent's personal or business accounts on behalf of the applicant
- x Accept a 3rd party payer check UNLESS it meets one of these exceptions:
  - Applicant's family member AND the relationship is documented on the application
  - Living trust
  - Power of Attorney (GI or OE only)
  - Employer (or Employer's third party administrator)
  - Applicant's business (if he/she is an owner of the business)

Premium checklist

Checks should be made payable to the appropriate underwriting company (found at the top of the application form).

Underwriting Company:	Aetna Health and Life Insurance Company	Continental Life Insurance Company	American Continental Insurance Company	Aetna Life Insurance Company
Acceptable	AHLIC	CLI	ACI	ALIC

- If the applicant doesn't want to spell out the full name of the underwriting company, the company's acronyms is allowed.
- Checks that are made payable to "Aetna" will be accepted but it could delay policy issue.
- If two people are applying for coverage together, each person should pay separately.

Last call!

- Always **double check the accuracy and completion** of your forms before submitting them.
- Making sure the application is in **GOOD ORDER** can save you lots of time later!

Website alerts

Register for the secure agent side of aetnaseniorproducts.com to view alerts on your Dashboard and sign up for email alerts:

Need help?

Agent Services:

- **800 264.4000 option 3, then 1**

New Business:

- Medicare Supplement
  800 264.4000 option 3, then 2
- Final Expense
  877 538.2759 option 2