

## **AGENT GUIDELINES**

### **Medicare Supplement Phone Sales**

#### **1. WHEN you sell a United American ProCare Medicare Supplement plan over the phone, please confirm compliance with the following guidelines:**

- Phone sales are not permitted in Washington
- In Ohio, the following Medicare Supplement solicitations are not permitted unless the Agent has a business relationship with the senior: phone solicitations such as electronic voicemail messages, text messages or direct social media messages; door-to-door solicitation; leaving leaflets, flyers or door hangers on automobiles or at residences; and approaching individuals in common areas. Please note: mass-communication through direct mail is permitted. Communications must have the following or a similar disclaimer: "Not connected with or endorsed by the U.S. government or the federal Medicare program."
- You are licensed and appointed in the state in which the applicant resides and quote the correct premium rate for that state.
- You comply with all state laws/regulations applicable to Medicare Supplement sales.
- Check the Compliance Sheet for the state in which you are making the sale and use the correct Medicare Supplement application, Replacement Form, etc.
- Download the most current application from the Compliance Sheet or order from Supply. Make sure to check the 'has not personally met' check box in Section V of the application.
- You are confident the applicant qualifies for the plan. That is, the plan is a suitable fit in terms of the applicant's health, lifestyle, risk tolerance, and financial situation.
- Review 'General Underwriting Guidelines' on the General Agency website under 'Sales Training' for the correct way to complete the application.
- Determine whether the applicant has existing coverage that is being replaced and, if so, make sure you conduct a fair and accurate comparison of the applicant's existing coverage to the policy being applied for.
- Do not include any unapproved or non-UA material in the packet to the applicant. Submit any unapproved advertising materials pertaining to UA or its products to the Home Office for approval prior to use.
- Only communicate with the applicant regarding UA products in person, over the phone, or via postal mail. E-mail or faxes must not be used for this purpose.
- Tell the applicant to send you a copy of his/her Medicare Advantage Disenrollment letter if replacing a Medicare Advantage Plan.
- Tell the applicant you will include a letter with instructions when you send him/her the application and other required materials.
- Encourage the applicant to return his/her material to you promptly. The sooner you receive the signed forms, the sooner the policy can be issued.
- Confirm the correct mailing address with the applicant.
- Tell the applicant to expect a call from the Home Office to confirm the information he/she provides for the application. Stress that the application cannot be considered until the Home Office call is completed.

**2. BEFORE you send the completed Medicare Supplement application and required forms to the applicant for his/her signatures, check the Compliance Sheet on the General Agency website for the submission forms required in the state in which you sell and please confirm compliance with the following guidelines:**

- You are confident the Medicare Supplement application is complete and all required questions have been answered. (Call the applicant back if any information is missing or unclear.)
- Check all the applicable boxes on the Applicant Letter as appropriate prior to mailing.
- Highlight where the applicant should sign with a yellow highlighter or colored, stick-on tabs.
- Put all material in a large envelope with your return address in upper left corner. Include a return, stamped/metered/prepaid, self-addressed envelope (65 cents postage required for #10 envelopes) for the applicant to mail material back to you.
- Send the following materials, if applicable, to the applicant. Form numbers shown are standard. Use state specials as needed:
  - *Introductory Applicant Letter (UAI2319)*
  - *Medicare Supplement Application (MA15) # specific to the state*
  - *ProCare Medicare Supplement Brochure (F4931 R10) specific to the state*
  - *Medicare Buyers Guide (A Guide to Health Insurance for People with Medicare)*
  - *Outline of Coverage (DS-MS2010) specific to the state*
  - *Bank Draft Authorization Form (1080-C)*
  - *Sole Proprietor Form (SP 9-01 R04) if a business account*
  - *Replacement Forms (REPMSM/U-1318) if a replacement*
  - *Reserve Fund Annuity Brochure (F4546R16)*
  - *Reserve Fund Annuity Enrollment Form (USFMS-APR)*

**3. AFTER you receive the forms back from the applicant and BEFORE you mail or fax them to the Home Office New Business Department, please confirm compliance with the following guidelines:**

- Applicant has signed all forms in the proper places.
- Applicant has mailed back all required material and retained the ProCare Brochure, the Medicare Buyers Guide, the Outline of Coverage, and, if applicable, the Reserve Fund Annuity Brochure, and one copy of the Replacement Forms REPMSM/U-1318.
- Applicant has enclosed a check for his/her premium payment or signed a Bank Draft Authorization (Form 1080-C) and/or attached a voided check.

**Remember, once the applicant has signed the application and mailed it back to you, you cannot make any changes to the application. If you need to make changes, you must mail the application back to the applicant and have the applicant initial the change. You should initial any change. SIGN THE APPLICATION AND ANY OTHER REQUIRED MATERIALS BEFORE MAILING OR FAXING TO THE HOME OFFICE. IF THE APPLICANT GIVES YOU A PREMIUM CHECK OR VOIDED CHECK, YOU MUST POSTAL MAIL ALL MATERIAL TO THE HOME OFFICE; YOU CANNOT SCAN AND FAX.**

FAX TO: 972-767-4462

OR MAIL TO:

United American Insurance Company  
Attn: New Business Dept.  
P. O. Box 8080  
3700 Stonebridge Dr.  
McKinney, TX 75070-8080