

Memo

To: General Agents in New York
From: Charles Mankamyer/Jim Savo
Re: CORRECTED 2015 Underwriting Rules for Medicare Advantage Disenrollments

Please update and replace your copy of the September 3, 2014 memo, 2015 Underwriting Rules for Medicare Advantage Disenrollments, with this correction.

Great News! First United American has updated its 2015 underwriting rules regarding documentation requirements for persons disenrolling from a Medicare Advantage (MA) plan during the following time periods:

Annual MA Enrollment Period (Fall Open Enrollment) – Oct. 15 through Dec. 7
MA Disenrollment Period – Jan. 1 through Feb. 14

The result means a faster turnaround time for policy issue.

First United American will require applicants who are disenrolling from a MA or MA-PD plan during one of the above time periods and applying for Medicare Supplement coverage, to submit **ONE** of the following documents with their completed application. As noted on the 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 indicating that the applicant has requested to be disenrolled from his/her MA or MA-PD plan including how and when the request was made, whether by contacting the MA organization directly, by calling 1-800-MEDICARE, or by enrolling in a stand-alone Part D plan (for MA-PD disenrollments only), -OR-
3. If the applicant is being involuntarily terminated or non-renewed by his/her MA plan, a copy of the applicant's MA plan disenrollment notice.

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

After Feb. 14, 2015, applicants will only be allowed to submit Option #3, which is a copy of the applicant's MA plan disenrollment notice.

PROPER COMPLETION OF THE APPLICATION FOR MA DISENROLLMENTS:

The Medicare Supplement application must be fully completed, and a copy of the Medicare card must be included. When taking an application please be sure to properly document the answers to the replacement questions and provide appropriate replacement and termination forms. Please remember that the MA plan start and end date must be provided in response to PART II, Question 3.

Also, replacement form NYREPMSM and NYU-1366 R11 must also be completed by marking "Disenrollment from a Medicare Advantage Plan," and giving a brief explanation of the reason for disenrolling.

Please contact the Home Office at 315-451-2544 with any questions.