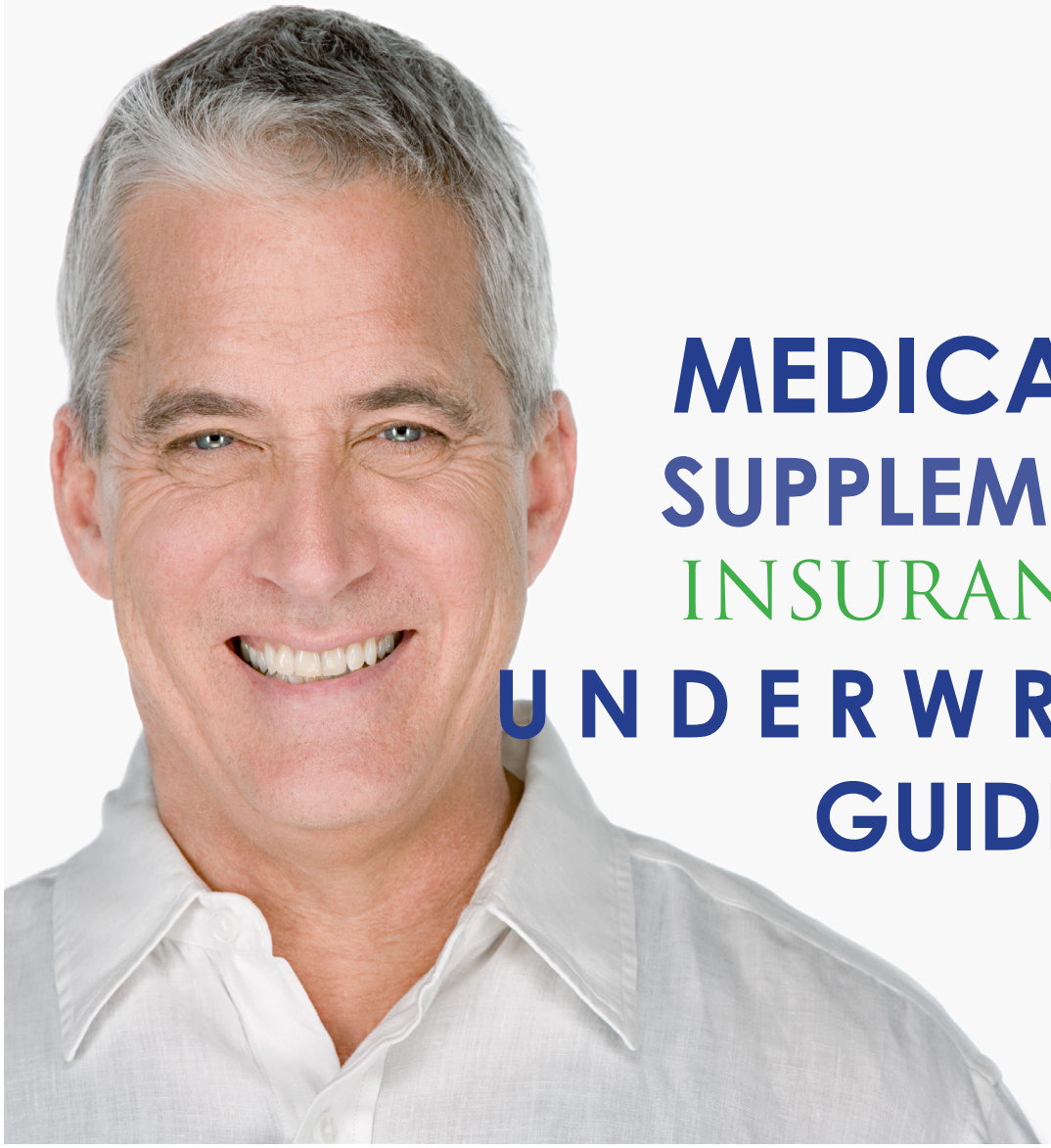
HELPING YOUR CLIENTS ACHIEVE PEACE OF MIND & FINANCIAL SECURITY



MEDICARE SUPPLEMENT INSURANCE UNDERWRITING GUIDE

FOR AGENT USE ONLY

PROSPERITY LIFE GROUP®

Underwritten by Prosperity Life Group member companies SBLI USA Life Insurance Company, Inc. or S.USA Life Insurance Company, Inc., depending on state.

Not Intended to Create Public Interest in an Insurance Product, an Insurer, or Agent

MEDICARE SUPPLEMENT UNDERWRITING GUIDELINES

Please review this guide BEFORE presenting proposals and submitting applications. The purpose of this guide is to provide agents with the basic information needed to market our new release of Medicare Supplement Insurance. While we have made every effort to make this information as accurate as possible, it should only be used as a guide to help agents to field underwrite potential applicants for Medicare Supplement Insurance. Prosperity Life Group's goal is for policies to be issued as quickly and efficiently as possible while assuring proper evaluation of each risk. To help accomplish this goal, writing agents will be notified via the agent portal of any problem(s) with an application. Please remember that no agent has the authority to change any benefits, bind Insurance or to promise a certain effective date. All policies and procedures are as of the revision date listed on the front cover and are subject to change. The most current version will be posted on the agent portal.

It is the agent's responsibility and duty to obtain accurate and complete information on the application. It is the agent's obligation to the applicant to review all questions and related answers. Care on the part of the agent saves time, expense, and misunderstanding. This guide provides information about the evaluation process used in underwriting and issuing of Medicare Supplement insurance policies.

PROSPERITY LIFE GROUP MEDICARE SUPPLEMENT MISSION STATEMENT

In the crowded Medicare Supplement marketplace, it is crucial to have a savvy, well-seasoned team strategizing, coordinating, and marketing insurance products that are correctly priced to provide rate stability for our customers as well as steady income for independent agents who place their business and trust in us; and to grow profitably, gain financial strength, and produce competitive, stable products.

WHAT IS PROSPERITY LIFE GROUP?

Prosperity Life Group is a marketing name for products and services provided by one or more of a group of affiliated companies including underwriting companies SBLI USA Life Insurance Company, Inc., S.USA Life Insurance Company, Inc. and Shenandoah Life Insurance Company. Underwriting companies not licensed in all states. Only SBLI USA Life Insurance Company, Inc. is licensed in New York. Each underwriting company offers a variety of insurance products and is solely responsible for its own financial and contractual obligations. SBLI USA Life Insurance Company, Inc. is not affiliated with the Savings Bank Mutual Life Insurance Company of Massachusetts or the Savings Bank Life Insurance Company of Connecticut.

This Guide applies products underwritten by SBLI USA Life Insurance Company, Inc. or S.USA Life Insurance Company, Inc. depending on state. Policy form series MSPAAS21[xx], MSPBAS21[xx], MSPFAS21[xx], MSPGAS21[xx], MSPNAS21[xx], MSPAIS21[XX], MSPFIS21[xx], MSPGIS21[xx], and MSPNIS21xx], where [xx] varies by state. In Florida, policy form series MSPAIU18FL, MSPCIU18FL, MSPFIU18FL, MSPGIU18FL, and MSPNIU18FL. Product not available all states; features and benefits may vary by state; not all plans available in all states.

Contents

Important Addresses

Addresses for Mailing New Business and Delivery Receipts

When mailing or shipping your new business applications, be sure to use the appropriate address below. The underwriting company depends on the state. See the state chart attached at the Appendix for list of states where product is currently available or pending approval, as well as the applicable underwriting company.

New Business Mailing address:

SBLI USA LIFE INSURANCE COMPANY, INC.
Medicare Supplement Administration
P.O. Box 10853
Clearwater, FL 33757-8853

S.USA LIFE INSURANCE COMPANY, INC.
Medicare Supplement Administration
P.O. Box 10853
Clearwater, FL 33757-8853

Overnight Address (FOR USE ON OVERNIGHT MAIL ONLY)

SBLI USA LIFE INSURANCE COMPANY, INC.
17757 US HWY 19 N
Suite 660
Clearwater, FL 33764

S.USA LIFE INSURANCE COMPANY, INC. (FOR MISSISSIPPI AND NORTH CAROLINA ONLY)
17757 US HWY 19 N
Suite 660
Clearwater, FL 33764

Important Phone, Fax, Email Contacts

Service Phone Number - 1-855-228-3771

Option 2 - Policy Holder
- **Press 1 – Policy Owner Services**
- **Press 2 - Claims**

Option 3 - New Application
- **Press 1 - Telephone Interview**
- **Press 2 - Underwriting**

Option 4 - Agent
- **Press 1 - E-app Tech Support**
- **Press 2 - Underwriting**
- **Press 3 - Commission**
- **Press 4 - Customer Service**
- **Press 5 - Claims**

Option 5 - Provider
- **Press 1 - 1099**
- **Press 2 - Claims mailing**
- **Press 3 - Website information**
- **Press 4 - Receipt payment**
- **Press 5 - Benefits**
- **Press 6 - Claims**

Marketing Support: **1-866-380-6413**

New Business Fax Number: **1-855-227-7849 (for new applications only)**
Marketing Support Email: **medsuppsupport@prosperitylife.com**
Commissions Email: **medsuppsupport@prosperitylife.com**

Basic Instructions for New Business Submissions

Mailed:

- Checks must be made out to the applicable underwriting company for the policy being applied for, SBLI USA or SUSA.
- NO money orders will be accepted as payment for premiums.
- Correct modal premium will be verified during the telephone verification and adjusted, if needed. The balance of premium will be collected at the time of policy delivery, if applicable.

Faxed:

- Faxed applications require payment via bank draft only.
- A fax cover sheet must accompany the application package (Supplied on Agent Portal).
- The first modal premium and the policy fee (if applicable) will be drafted based on the selection made on the Bank Authorization form.
- If the application is received without the completed Bank Draft Authorization, the writing agent will be contacted via message on the agent portal.

E-App:

- Log into agent portal at https://service.iasadmin.com/prosperity
- Once logged in, look for the tab at the top for E-App.
- Follow instructions for submission.
- Remember that when you run a quote it will show the lowest rate available.
- Once you start filling out the application, this rate may change due to questions answered on application or Rx screen results.
- Follow instructions for signature options.

All New Business Submissions:

- Applications must be received in the home office within 21 days of the application signed date, or a new application will be required.
- If the quote on the application is less than the modal premium, we will contact the agent to have the application corrected to reflect the correct premium. As an exception to this process, if speaking with the applicant during a telephone interview, we can obtain acceptance of the premium change verbally, as the phone call is recorded.
- Correct modal premium will be verified during the telephone verification and adjusted, if needed.
- Underwritten applications are accepted up to sixty (60) days prior to the requested effective date. **During AEP, we will accept applications in the month of October for an effective date of 1/1.
- Open Enrollment applications will be accepted up to 3 months prior to the requested effective date.
- Applicants over the age of 65 who are six months or more beyond enrollment in Medicare Part B date will be medically underwritten (unless applying in a Guaranteed Issue period).
- Guaranteed Issue Applications will not be accepted more than 63 days prior to the month the applicant's Guaranteed Issue scenario is triggered.

Introduction

This guide provides information about the evaluation process used in the underwriting and issuing of our Medicare Supplement insurance policies. Our goal is to process each application as quickly and efficiently as possible while assuring proper evaluation of each risk. To ensure we accomplish this goal, the producer or applicant will be contacted directly by underwriting if there are any problems with an application.

Policy Issue Guidelines

All applicants must be covered under Medicare Part A and Part B on the effective date of the policy. Policy issue is state specific. The applicant's state of residence controls the application, forms, premium and policy issue. If an applicant has more than one residence, the state where taxes are filed should be considered as the state of residence. Please refer to your introductory materials for required forms specific to your state.

MACRA 2020

Plan changes under the Medicare Access and CHIP Reauthorization Act of 2015 ("MACRA") were made effective on January 1, 2020.MACRA 2020 was the largest scale change to the American health care system following the Affordable Care Act in 2010. The biggest impact for agents selling Medicare Supplement was that starting January 1, 2020, Medicare Supplement plans sold to individuals who are newly eligible for Medicare will not be allowed to cover the Part B deductible. Because of this**, Plans C and F can no longer be sold to individuals who are newly eligible for Medicare**. This prohibition applies in all states, including waiver states.

"Newly eligible" means those individuals who: (a) attained age 65 on or after January 1, 2020; or (b) first become eligible for Medicare due to age, disability or end-stage renal disease (ESRD) on or after January 1, 2020. This means that to be ineligible to purchase Plan C or F, an individual must BOTH have turned 65 on or after January 1, 2020 AND first become Medicare eligible on or after that date. If an individual became Medicare eligible before January 1, 2020 based on disability or ESRD status, OR turned 65 before January 1, 2020, whether eligible for Medicare on that date or not, they would not be considered "newly eligible" under MACRA and can buy a Plan C or F when they are entitled to Medicare Part A and enrolled in Part B.

Current enrollees (those eligible for Medicare prior to January 1, 2020) who already have Plan C or F (including the high deductible version of Plan F) or were covered by one of these plans before January 1, 2020, will be able to keep that plan and may continue to buy Plans C and F beyond January 1, 2020.

Since Plans C and F are no longer be available for "newly eligible" Medicare beneficiaries, Plans D and G are the designated Guaranteed Issue plans for these individuals. Since Plan F High Deductible cannot be sold to "newly eligible" persons, the new Plan G High Deductible plan was created and is available to both newly eligible and current Medicare beneficiaries.

Because CMS may impose penalties for any policy that is issued incorrectly, it is imperative that agents verify date of Medicare eligibility before completing an application, using the following guidelines:

- ✓ If the individual was born on December 31, 1954 or before – they became eligible for Medicare before January 1, 2020 and have a right to purchase a Medicare Supplement Plan C or Plan F.
- ✓ If the individual was born on January 1, 1955 or after – they became age eligible for Medicare on or after January 1, 2020 and cannot purchase a Medicare Supplement Plan C or Plan F unless they became eligible for Medicare as a result of disability or ESRD on or before January 1, 2020 (see below).
- ✓ Individuals who qualify for Medicare as a result of disability or ESRD must have qualified on or before January 1, 2020 to be able to purchase Plan C or F; those qualifying on or after January 1, 2020 cannot purchase a Medicare Supplement Plan C or F.

The following chart displays what is covered under the various plans and who is eligible for which plans:

Benefits	Plans Available to All Applicants								Plans Available ONLY to those first eligible before 01/01/2020	
	A	B	D	G / G[1]	K	L	M	N	C	F / F[1]
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
							✓	copays apply[3]		
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in [2019][2]					$[5560][2]	$[2780][2]				

[1]Plans F and G also have a high deductible option which require first paying a plan deductible of $[2300] before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

[2]Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

[3]Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that do not result in an inpatient admission.

Application Dates

- Open Enrollment – Up to three (3) months prior to the month the applicant's Part B effective date.
- Underwritten Cases – Up to 60 days prior to the requested coverage effective date.
- Individuals – Individuals whose employer group health plan coverage is ending can apply up to 60 days before coverage ends but no later than 63 days past the date their coverage ends.

Coverage Effective Dates

Coverage will be made effective as indicated below:

1. Open Enrollment – If the applicant is applying during their Part B Open Enrollment, the effective date can be the first of the month in which the applicant's Part B becomes effective. If the applicant's birthday falls on the first of the month, their Part B effective date can be the first day of the previous month. It is important to note that the effective date must fall within the open enrollment window.
2. All Others – Application date or date of termination of other coverage, whichever is later.
3. Effective date cannot be the 29th, 30th or 31st of the month. Applications written for an effective date of the 29th, 30th, or 31st of the month may be made effective on the 1st of the next month.

***Applications may not be backdated prior to the application signed date for any reason except to save age. Exception: Applications written on the 29th, 30th, or 31st of the month may be dated the 28th of the same month upon request.*

Replacements

A "replacement" takes place when an applicant wishes to exchange an existing Medicare Supplement policy/certificate from SBLI USA/SUSA (internal) or another company (external) for a newer or different Medicare Supplement/Select policy. Internal replacements (in most instances known as a plan change) are processed the same as external replacements, requiring a fully completed application.
The replacement cannot be requested on the exact same coverage and exact same company.
The replacement Medicare Supplement policy cannot be issued in addition to any other existing Medicare Supplement, Select or Medicare Advantage Plan.

A policy owner with a tobacco-rated plan wanting to apply for a non-tobacco plan must complete a new application and qualify for coverage.

If an applicant has a Medicare Supplement policy issued by SBLI USA or SUSA and wishes to replace it with a policy from the new product launch, the current SBLI USA or SUSA policy needs to have been in effect for at least 12 months. The transaction will be considered a replacement and a new application will be required.

All replacements involving a Medicare Supplement, Medicare Select or Medicare Advantage Plan must include a completed Replacement Notice. One copy is to be left with the applicant; one copy should accompany the application.

Medicare Advantage (MA)

Medicare Advantage (MA) Annual Election Period

General Election Periods for Medicare Advantage (MA)	Timeframe	Allows for…
Annual Election Period (AEP)	Oct. 15th – Dec. 7th of every year	• Enrollment selection for a MA Plan • Disenrollment from a current MA Plan • Enrollment selection for Medicare Part D
Medicare Advantage Open Enrollment Period (MAOEP)	Jan. 1st – March 31st of every year	• You can switch to another MA Plan (with or without drug coverage). • You can disenroll from your MA Plan and return to Original Medicare. If you choose to do so, you'll be able to join a Medicare Prescription Drug Plan. • If you enrolled in a MA plan during your Initial Enrollment Period, you can change to another MA Plan (with or without drug coverage) or go back to Original Medicare (with or without drug coverage) within the first 3 months you have Medicare.

Replacing a Medicare Advantage Plan

Enrollment in Medicare Supplement insurance does NOT mean disenrollment from an MA Plan. Applicants should contact their current insurer or 1-800-Medicare to see if they are eligible for disenrollment. Applicants may choose disenrollment from their MA Plan by enrolling in a stand-alone prescription drug plan if they are able to do so. Medicare Advantage and Medicare Supplement coverage cannot overlap, and there should be no gap in coverage, so request a plan effective date to coincide with the date existing coverage ends.

Requirements Regarding Proof of Disenrollment from Medicare Advantage

If Eligible for Guaranteed Issue:
If applying for a Guaranteed Issue Medicare Supplement policy, Underwriting cannot issue coverage without proof of disenrollment. If a member desires disenrollment from Medicare Advantage, the MA Plan must notify the member of his/her Medicare Supplement Guaranteed Issue rights.

If Not Eligible for Guaranteed Issue:
The section concerning the Medicare Advantage program should be answered completely:

- ✓ Stating when the MA program started;
- ✓ Confirming the applicant's intent to replace the current MA coverage with this new Medicare Supplement policy;
- ✓ Confirming the receipt of the replacement notice;
- ✓ Stating the reason for the MA termination/disenrollment;
- ✓ Providing the planned date of MA termination/disenrollment ("END" date);
- ✓ Specifying whether this was the first time in this type of Medicare Plan (MA);
- ✓ Specifying whether there had been previous Medicare Supplement coverage; and
- ✓ Answering whether that previous Medicare Supplement coverage is still available.

If the applicant desires disenrollment from a MA Plan, and all the above information is provided, we will **NOT** require proof of termination from the MA provider. ***It is the applicant's responsibility to complete disenrollment from the MA coverage.*** Please note that the "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare" published by CMS advises that if the client joins a MA Plan, he/she cannot be sold a Medigap policy unless the coverage under the MA Plan will end before the effective date of the Medigap policy.

If an individual is requesting Guaranteed Issue or disenrollment outside AEP/MADP:

1. The section concerning the MA program should be answered completely, as stated above; and
2. Send a copy of the applicant's MA Plan's disenrollment/termination notice with the application. This is necessary if the applicant is claiming a Guaranteed Issue right based on any situation as outlined in the CMS guidelines "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare."

Please note: All plans are not available as Guaranteed Issue in most situations.

For any questions regarding MA disenrollment eligibility, contact your SHIP office or call 1-800- MEDICARE, as each situation presents its own unique set of circumstances. The SHIP office will help the client with disenrollment and return to Original Medicare.

Guaranteed Issue Rights

Note: All plans we offer are not available for Guaranteed Issue.

If the applicant(s) falls under one of the Guaranteed Issue situations outlined below, proof of eligibility must be submitted with the application.

The situations listed below can also be found in "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare."

Guaranteed Issue Situation	Client has the right to buy
Client is in the original Medicare Plan and has an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays. That coverage is ending. Note: In this situation, state laws may vary.	Medigap Plan A, B, C*, D*, F*, G*, K, or L that's sold by any insurance company in your state. If client has COBRA coverage, client can either buy a Medigap policy/certificate right away or wait until the COBRA coverage ends.
Required supporting documentation could be a dated letter from either the employer or group carrier including the Client's name, type of coverage, coverage-end date, and termination reason.	
Guaranteed Issue Situation	**Client has the right to buy**
Client is in the original Medicare Plan and has a Medicare SELECT policy/certificate. Client moves out of the Medicare SELECT Plan's service area. Client can keep the Medigap policy/certificate or he/she may want to switch to another Medigap policy/certificate.	Medigap Plan A, B, C*, D*, F*, G*, K, or L that is sold by any insurance company in client's state or the state he/she is moving to.
Required supporting documentation could be a dated letter from the SELECT carrier including the Client's name, type of coverage, coverage-end date, and termination reason that includes the reason moving out of the service area and the date of the move.	
Client's Medigap insurance company goes bankrupt and the client loses coverage, or client's Medigap policy/certificate coverage otherwise ends through no fault of client.	Medigap Plan A, B, C*, D*, F*, G*, K, or L that is sold in client's state by any insurance company.
Required supporting documentation could be a dated letter from the carrier including the Client's name, type of coverage, coverage-end date, and termination reason.	
*Plans C and F will no longer be available to people who are new to Medicare on or after January 1, 2020. However, if you were eligible for Medicare before January 1, 2020 but not yet enrolled, you may be able to buy Plan C or Plan F. People eligible for Medicare on or after January 1, 2020 have the right to buy Plans D and G instead of Plans C and F; Plans D and G will not be available to not newly eligible applicants.	

Guaranteed Issue Rights for Termination of Group Health Plan

If applying for a Medicare Supplement policy, Underwriting cannot issue coverage as Guaranteed Issue without proof that an individual's employer coverage is no longer offered.

Involuntary Termination**:**

- Complete the Other Health Insurance section on the Medicare Supplement application; and
- Provide a copy of the termination letter, showing date of and reason for termination, from the employer or group carrier.

Voluntary Termination: If the coverage was terminated voluntarily, eligibility requirements differ based on state law. All plans we offer are not available for Guaranteed Issue. See chart below.

State	Qualifies for Guaranteed Issue
IN, OH, PA, TX	If the employer sponsored plan is primary to Medicare.
IA	If the employer sponsored plan's benefits are reduced but does not include a defined threshold.
OK, VA, WV	If the employer sponsored plan's benefits are reduced substantially.

For purposes of determining GI eligibility due to a Voluntary Termination of an employer sponsored group welfare plan, a reduction in benefits will be defined as any increase in the insured's deductible amount or their coinsurance requirements (flat dollar co-pays or coinsurance %). A premium increase without an increase in the deductible or coinsurance requirement will not qualify for GI eligibility. This definition will be used to satisfy IA, OK, VA and WV requirements. Proof of coverage termination is required.

For purposes of GI eligibility where the employer sponsored plan must pay primary to Medicare, the GI documentation submitted must show that the employer plan pays primary to Medicare.

Guaranteed Issue Rights for Loss of Medicaid Qualification

State	Guaranteed Issue Situation	Client has the right to buy
TN	Client, age 65 and older covered under Medicare Part B, enrolled in Medicaid (TennCare) and the enrollment involuntarily ceases, is in a Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.	Medigap Plan A, B, C*, D*, F*, G*, K, or L
	Client, under age 65, losing Medicaid (TennCare) coverage has a six-month Open Enrollment period beginning on the date of involuntary loss of coverage.	Any Medigap Plan offered by any issuer.
TX	Client loses eligibility for health benefits under Medicaid. Guaranteed Issue beginning with the notice of termination and ending 63 days after the termination date.	Medigap Plan A, B, C*, D*, F*, G*, K, or L offered by any issuer; except that persons under 65 years of age, it is a policy which has a benefit package classified as Plan A.
UT	Client is enrolled in Medicaid and is involuntarily terminated. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date	Medigap Plan A, B, C*, F*(including F with a high deductible), G*, K or L offered by any issuer.
*Plans C and F will no longer be available to people who are new to Medicare on or after January 1, 2020. However, if you were eligible for Medicare before January 1, 2020 but not yet enrolled, you may be able to buy Plan C or Plan F. People eligible for Medicare on or after January 1, 2020 have the right to buy Plans D and G instead of Plans C and F; Plans D and G will not be available to not newly eligible applicants.		

MO Anniversary Rule Business:

- Customer may only move to a policy of the same benefits.
- Applications may be signed and submitted between 60 days prior to and up to 30 days after the customer's current policy effective date each year.
- Policy effective dates can be up to 60 days after the application was signed.
- The current carrier's policy schedule page is considered sufficient proof as long as it contains: policyholder's name, plan, and a policy effective date within the last two years. If the schedule page is more than two years old, then in addition to the policy schedule page, proof of the policy's current paid to date is required.

IL Birthday Rule Business:

- Customer must be 65-75 years of age and may only switch to a plan of lesser benefits within the same underwriting company. (Think SBLI Plan F to SBLI Plan G for someone who is 68 years old).
- Applications may be signed and submitted between 60 days prior to and 45 days after the customer's birthday each year.
- Policy effective dates can be up to 60 days after the request was signed.
- Please have the policyholder submit a signed request in writing. It must be dated, contain the requested effective date of the change and the plan they wish to change to. A new application is not required.

NV Birthday Rule Business:

- Customer may only move to a policy of the same or lesser benefits.
- Applications may be signed and submitted between 60 days prior to and up to 60 days after the customer's birthday each year.
- Policy effective dates can be up to 60 days after the application was signed.
- The current carrier's policy schedule page is considered sufficient proof as long as it contains: policyholder's name, plan, and a policy effective date within the last two years. If the schedule page is more than two years old, then in addition to the policy schedule page, proof of the policy's current paid to date is required.

Calculating Premium

Utilizing the Outline of Coverage

- Determine ZIP code where the client resides and find the correct rate page for that ZIP code
- Determine plan
- Determine if nontobacco or tobacco*
- Find Age/Gender – Verify that the age and date of birth are the exact age as of the application date
- This will be your base annual premium rate

Note: Rates my change based on health questions, height/weight, or Rx screen.

***Tobacco rates do not apply during Open Enrollment or Guaranteed Issue situations in the following states:**
CO, IL, KY, MD, MI, MO, NC, OH, PA, SC, TN, UT

Household Discount*

How to determine eligibility for the household discount:
I am currently residing in a Household with my legal spouse named on the household discount form or
I have been residing in a Household with the person named below who is age 18 or older for at least the last 12 months.

Household discount is 7% (3.5% in FL).
***Household is defined as a condominium unit, a single-family home, or an apartment unit within an apartment complex. Assisted Living Facilities, Group Homes, Adult Day Care facilities and Nursing Homes, or any other health residential facilities are not included in the definition of Household.**
For PA - if the applicant does not live with their legal spouse the person named must have or be applying and approved for a policy with us in order to get the discount.
For FL, IN, OH & OK – must live with spouse or legal resident AND that person must also have or apply and be issued a policy in order for the HHD to apply.

Application Sections

The application must be completed in its entirety.

Section 1: **Applicant Information**

- ✓ Applicant's residence address in full. If correspondence is to be mailed to an address other than the applicant's residence address, please complete the mailing address in full.
- ✓ Applicant's date of birth and age as of the effective date. **Age and premiums are based on the effective date, not the date the application was signed.
- ✓ Medicare Card Number. This is vital for electronic claims payment.
- ✓ The tobacco question must be answered for all underwritten applications, as well as in certain states for Open Enrollment and Guaranteed Issue applications.
- ✓ Height/Weight Build Chart – see Height and Weight Chart Section of this Guide

Section 2: **Plan/Premium Payment Information**

- ✓ This section should indicate the plan selected and requested effective date.
- ✓ Include premium, policy fee, and premium collected/initial bank draft. If no premium is collected, indicate when initial premium should be drafted or processed, issue or effective date. If neither is selected on the Initial Bank Draft Authorization Form, the first modal premium and policy fee will be drafted on the effective date.
- ✓ Include payment mode & payment method. *Monthly payment mode is only allowed with Bank Draft payment method.*

- ✓ If applying for the Household Premium Discount, this should be completed in this section. If yes, the Household Discount Form should be completed.

Section 3: **Medicare Information**

- ✓ Indicate if the applicant is covered under Parts A and B of Medicare and Effective or Eligibility dates.
- ✓ Please indicate if the applicant is applying during a Guaranteed Issue Period. Be sure to include proof of eligibility if the answer is "yes".

Section 4: **Medical Questions**

- ✓ All medical questions must be answered unless you are applying during open enrollment or a guaranteed issue period.

Section 5: **Medication History**

- ✓ Please answer if applicant is taking any prescription or over the counter medications recommended by a physician and list all medications, as well as the original date prescribed, the date the prescription was last filled, dosage, frequency, and diagnosis/condition the medication is treating.
- ✓ See declinable drug list in the Underwriting Section.

Section 6: Replacement Questions

- ✓ A "replacement" takes place when an applicant wishes to terminate an existing Medicare Supplement, Medicare Select or a Medicare Advantage Plan and replace it with a brand-new Medicare Supplement policy.
- ✓ All replacements involving a Medicare Supplement, Medicare Select or Medicare Advantage Plan must include a completed Replacement Notice. One copy is to be left with the applicant; one copy should accompany the application.
- ✓ See Replacements Section for more information about replacements.

Section 7: **Other Insurance if Applicable**

- ✓ Producer should list any other health insurance policies/certificates they have sold to the applicant.

Section 8: **Important Statements to be Read by Applicant**

- ✓ Producer should ensure applicant reads and understands all statements.

Section 9: Electronic Instructions

- ✓ In this section, the applicant can choose whether or not to authorize the company to act on electronic instructions and to electronically deliver statements and other documents. One box must be checked.

Section 10: **Authorization**

- ✓ Signatures and dates are required by applicant and the writing agent.
- ✓ A policy will not be issued unless, on the date the application is signed, the writing agent is appointed in the applicant's state of residence and the applicant's signature state (if different than the resident state).
- ✓ If someone other than the applicant is signing the application, please include copies of the papers appointing that person as the legal representative or Power of Attorney (POA). If the documents are over 12 months old, an affidavit will need to be signed and notarized, except where prohibited by law.
- ✓ Power of Attorney and Legal Representatives will only be accepted on Open Enrollment or Guaranteed Issue applications.
- ✓ Include your Agent Writing Number.

Underwriting Information

Medical Questions

If the applicant qualifies for coverage during the Open Enrollment or Guaranteed Issue period, the applicant is not required to answer questions in section 4 or 5. Otherwise, all questions must be answered completely by the applicant. Utilizing the electronic application will help to avoid missing answers. If reading the questions to the applicant, please read them exactly as they appear. The applicant should be instructed to look over the questions and responses prior to signing the application.

In Part I, if any questions are answered "Yes" no coverage will be available.

In Part II, if there are any "Yes" answers in the "No Coverage" column, coverage is not available.
If there are not any "Yes" answers in the "No Coverage" column, but there are answers in the "Standard Rates" column, Standard Non-Tobacco or Standard Tobacco Rates apply.

If you only have answers in the "Preferred Rates Non-Tobacco" column, Preferred Rates apply.

Pharmaceutical and Medical Information (Does not apply to Open Enrollment or Guaranteed Issue)

SBLI USA & SUSA have implemented a process to support the collection of pharmaceutical and medical information collected on certain third-party databases for underwriting Medicare Supplement applications. In order to obtain the pharmaceutical and medical information, a HIPAA Authorization form must be completed and signed by the applicant. Prescription information noted on the application will be compared to the pharmaceutical and medical information received. If information received contradicts, is incomplete or reveals other health concerns, a phone interview will be conducted. This information will be used to determine eligibility for coverage.

Personal Health Interview (PHI)

A telephonic personal health interview will be requested in the following situations:

- ✓ When the prescription history report shows inconsistencies between how the applicant answered the medical questions and/or the prescription history information received.
- ✓ When the insured answers "yes" to Stroke, TIA, Heart Attack, Heart Rhythm Disorder, Angioplasty, Heart or Circulatory Surgery, Pacemaker, and/or Diabetes and based on the preceding questions appears to be eligible for coverage.
- ✓ Random PHIs on applications that indicate ALL medical questions as "no" and provide no prescription history.
- ✓ Underwriter discretion based on their review of the application.

**Please be sure to advise the applicant that we may be calling to verify the information on their application.*

Declinable Medical Conditions

Applications should not be submitted if the applicant has the following conditions:

ADDISON'S DISEASE
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)
AIDS RELATED COMPLEX (ARC)
ALCOHOLISM
ALZHEIMER'S DISEASE
AMPUTATION DUE TO DISEASE
AMYOTROPHIC LATERAL SCLEROSIS (ALS) / LOU GEHRIG'S DISEASE
ANEMIA REQUIRING BLOOD TRANFUSIONS
BIPOLAR
BLOOD DISORDER (treated by prescription medications in past years)
CARDIOMYOPATHY (treated by prescription medications in past years, blood pressure medication not included)
CHRONIC BRONCHITIS
CHRONIC HEPATITIS (*EXCLUDING A*)
CHRONIC KIDNEY DISEASE
CHRONIC LIVER DISEASE
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)
CIRRHOSIS OF THE LIVER
COGNITIVE BRAIN DISORDER
CONGESTIVE HEART FAILURE (CHF) (treated by prescription medications in past years, blood pressure medication not included)
CONNECTIVE TISSUE DISORDER (Rheumatoid Arthritis, Scleroderma, Granulomatosis w/Polyangiitis (GPA), Churg-Strauss Syndrome, Lupus, Microscopic Polyangiitis, Polymyositis/Dermatomyositis, Marfan Syndrome)
CRIPPLING/DISABLING ARTHRITIS
CROHN'S DISEASE
DEGENERATIVE BONE DISEASE
DEMENTIA

DIABETES – INSULIN DEPENDENT
DIABETES – NON-INSULIN with treatment of more than 3 oral medications, Neuropathy, Nephropathy, ANY Heart Disorder/Condition, PVD and/or High Blood Pressure with treatment of more than 2 medications.
DRUG ABUSE
EMPHYSEMA
HEART FAILURE (*ANY TYPE*) (treated by prescription medications in past years, blood pressure medication not included)
HEART, CORONARY OR CAROTID ARTERY DISEASE (treated by prescription medications in past years, blood pressure medication not included)
HODGKIN'S DISEASE
HUMAN IMMUNODEFECIENCY VIRUS (HIV)
HUNTINGTON'S DISEASE
INTERNAL CANCER
KIDNEY DISEASE REQUIRING DIALYSIS
KIDNEY FAILURE
LEUKEMIA
LYMPHOMA
MAJOR DEPRESSIVE DISORDER
MALIGNANT MELANOMA
MULTIPLE MYELOMA
MUSCULAR DYSTROPHY
MULTIPLE SCLEROSIS
MYASTHENIA GRAVIS
ORGAN TRANSPLANT
ORGANIC BRAIN DISORDER
OSTEOPOROSIS WITH RELATED FRACTURES
OTHER CHRONIC PULMONARY DISORDER (*includes Asthma if treatment requires the use of more than two (2) Inhalers/Nebulizers and/or treatment in a physician's office).*
PARANOID DISORDER

PARKINSON'S DISEASE
PERIPHERAL VASCULAR DISEASE (PVD) (treated by prescription medications in past years, blood pressure medication not included)
RENAL INSUFFICIENCY
RHEUMATOID ARTHRITIS
SCHIZOPHRENIA
SPINAL STENOSIS
SYSTEMIC SCLERODERMA
SYSTEMIC LUPUS (SLE)
TERMINAL MEDICAL CONDITION (ANY)
ULCERATIVE COLITIS
UNREPAIRED ANEURYSM

Other Declinable Reasons

Applications should not be submitted if any of the following pertain to the applicant:

- ✓ Confined or scheduled for admission to a hospital, assisted living or nursing facility
- ✓ Receiving or advised to have Home Health Care, Hospice or Physical Therapy
- ✓ Use of Supplemental Oxygen
- ✓ Currently bedridden or require assistance of a wheelchair, walker or motorized mobility aid
- ✓ Any assistance required for bathing, toileting, eating, dressing or transferring
- ✓ Within the past 2 years, treatment from a pain clinic or has had any medication administered through injection/infusions or prescribed narcotic medication(s) for chronic pain (*excluding flu, vitamin B-12 & allergy shots*)
- ✓ Any surgery, medical test, treatment or therapy that has been advised by a physician but not completed (*includes Cataract surgery; excludes routine preventative screenings*)
- ✓ Confined to a hospital more than two (2) times in the last two (2) years and/or treated in an Emergency Room more than two (2) times in the last six (6) months
- ✓ History of tobacco use with diabetes, cardiovascular/circulatory disease or asthma
- ✓ Height and weight are outside the acceptable limits
- ✓ Taking more than three (3) oral medications for High Blood Pressure

Partial List of Medications Associated with Uninsurable Medical Conditions

*This list is **NOT ALL-INCLUSIVE**. An application should not be submitted if a client is taking any of the following medications:*

Medication	Condition
3TC	AIDS
Acetate	Prostate Cancer
AccuNeb	COPD
Alkeran	Cancer
Amantadine	Parkinson's Disease
Anoro Ellipta	COPD
Apokyn	Parkinson's Disease
Aptivus	HIV
Aricept	Dementia
Artane	Parkinson's Disease
Atripla	HIV
Avonex	Multiple Sclerosis
Azilect	Parkinson's Disease
AZT	AIDS
Baclofen	Multiple Sclerosis
BCG	Bladder Cancer
Betaseron	Multiple Sclerosis
Bicalutamide	Prostate Cancer
Breo	COPD
Brovana	COPD
Carbidopa	Parkinson's Disease
Casodex	Prostate Cancer
Cerefolin	Dementia
Cogentin	Parkinson's Disease
Cognex	Dementia
Combivir	HIV
Comtan	Parkinson's Disease
Copaxone	Multiple Sclerosis
Crixivan	HIV
Cytoxan	Cancer, Severe Arthritis, Immunosuppression
D4T	AIDS
DDC	AIDS
DDI	AIDS
DES	Cancer
Donepezil	Alzheimer's Disease
DuoNeb	COPD
Ebixa	Alzheimer's Disease
Lupron Depot (Ped)	Prostate Cancer

Medication	Condition
Megace	Cancer
Megestrol	Cancer
Mellaril	Psychosis
Mellaril	Psychosis
Melphalan	Cancer
Memantine	Alzheimer's Disease
Methotrexate	Rheumatoid Arthritis
Metrifonate	Dementia
Mirapex	Parkinson's Disease
Myleran	Cancer
Namenda	Alzheimer's Disease
Natrecor	CHF
Navane	Psychosis
Nelfinavir	AIDS
Neoral	Immunosuppression, Severe Arthritis
Neupro	Parkinson's Disease
Norvir	HIV
Novantrone	Multiple Sclerosis
Paraplatin	Cancer
Parlodel	Parkinson's Disease
Permax	Parkinson's Disease
Prednisone	Rheumatoid Arthritis, COPD
Prezista	HIV
Procrit	Kidney Failure, AIDS
Prolixin	Psychosis
Provenge	Prostate Cancer
Razadyne (ER)	Dementia
Rebif	Multiple Sclerosis
Remodulin	Pulmonary Hypertension
Requip	Parkinson's Disease
Rescriptor	HIV
Retrovir	AIDS
Reyataz	HIV
Rilutek	Amyotrophic Lateral Sclerosis
Eldepryl	Parkinson's Disease
Eligard	Prostate Cancer
Embrel	Rheumatoid Arthritis
Emtriva	HIV
Epivir	HIV
Epogen	Kidney Failure, AIDS
Ergoloid	Dementia
Esbriet	Pulmonary Fibrosis
Exelon	Dementia

Medication	Condition
Fuzeon	HIV
Galantamine	Dementia
Geodon	Schizophrenia
Gold	Rheumatoid Arthritis
Haldol	Psychosis
Herceptin	Cancer
Hydergine (LC)	Dementia
Hydrea	Cancer
Hydroxyurea	Melanoma, Leukemia, Cancer
Imuran	Immunosuppression, Severe Arthritis
Insulin	Diabetes
Interferon	AIDS, Cancer, Hepatitis
Indinavir	AIDS
Invega	Schizophrenia
Invirase	AIDS
Kaletra	HIV
Kemadrin	Parkinson's Disease
L-Dopa	Parkinson's Disease
Letairis	Pulmonary Hypertension
Leukeran	Cancer, Immunosuppression, Severe Arthritis
Leuprolide	Prostate Cancer
Leuprolide Acetate	Prostate Cancer
Lomustine	Cancer
Levodopa	Parkinson's Disease
Lexiva	HIV
Lioresal	Multiple Sclerosis
Lomustine	Cancer
Lupron	Cancer
Riluzole	ALS
Risperdal	Psychosis
Ritonavir	AIDS
Rivastigmine Tartrate	Alzheimer's Disease
Sandimmune	Immunosuppression, Severe Arthritis
Selzentry	HIV
Sinemet	Parkinson's Disease
Stalevo	Parkinson's Disease
Stelazine	Psychosis
Stiolto Respimat	COPD
Sustiva	AIDS
Symmetrel	Parkinson's Disease
Tacrine	Dementia
Tasmar	Parkinson's Disease
Teslac	Cancer
Thiotepa	Cancer
Thorazine	Psychosis

Medication	Condition
Tudorza	COPD
Trelstar-LA	Prostate Cancer
Triptorelin	Prostate Cancer
Trizivir	HIV
Truvada	HIV
Tysabri	Multiple Sclerosis
Valcyte	CMV HIV
VePesid	Cancer
Viadur	Prostate Cancer
Videx	HIV
Vincristine	Cancer
Viracept	HIV
Xolair	Asthma (administered in physician's office)
Zanosar	Cancer
Zelapar	Parkinson's Disease
Zerit	HIV
Ziagen	HIV
Ziprasidone	Schizophrenia
Zoladex	Cancer

Acceptable Conditions (standard rates may apply)

MEDICAL IMPAIRMENT	ACCEPTABLE RISK PROFILE
AMPUTATION	Amputation NOT due to disease. Active lifestyle with no limitations. No assistance with ADLs or IADLs.
ANGIOPLASTY, HEART OR CIRCULATORY SURGERY	Applicant has not been advised to have any surgery, procedure/tests or hospitalizations or been treated (includes taking medication) for this condition in the last 5 years. Applicant hasn't taken more than 3 blood pressure medications (*1 combination medication equals two medications)*. Active lifestyle with no limitations. No history of tobacco use.
ANXIETY	Mild-Moderate, active lifestyle with no limitations. No assistance with ADLs or IADLs.
ASTHMA	Allergic or seasonal asthma, taking no more than 2 medications, inhalers or nebulizers, active lifestyle, no limitations. No history of emphysema, COPD or history of tobacco use.
DEPRESSION	Mild-Moderate, active lifestyle with no limitations. No assistance with ADLs or IADLs. Not seen by a Psychiatrist or hospitalized within the past 2 years.
DIABETES	Diabetes treated with not more than 3 medications *(1 combination medication equals 2 medications)* with no increases in dosage in the last 2 years (*excludes formulary changes*). Most recent A1C reading is less than 7.0. If applicant has high blood pressure, treatment with not more than 2 medications and most recent with reading is less than 150/85. No history of Peripheral Vascular Disease (PVD), Neuropathy, Nephropathy, Retinopathy (applicant rated) or ANY heart disorder. No history of tobacco use. *********Insulin dependent diabetics are not eligible for coverage.*
HEART ATTACK	In the past 5 years, the applicant has not been advised to have any surgery, procedure/tests or hospitalizations or been treated (includes taking medication) for this condition in the last 5 years. Applicant hasn't taken more than 3 blood pressure medications (*1 combination medication equals two medications)*. Active lifestyle with no limitations. No history of tobacco use.
HEART RHYTHM DISORDER	In the past 5 years, the applicant has not been advised to have any surgery, procedure/tests or hospitalizations or been treated (includes taking medication) for this condition in the last 5 years. Applicant hasn't taken more than 3 blood pressure medications (*1 combination medication equals two medications)*. Active lifestyle with no limitations. No history of tobacco use.
OSTEOARTHRITIS	Active lifestyle with no limitations. No devices needed for ambulation.

MEDICAL IMPAIRMENT	ACCEPTABLE RISK PROFILE
PACEMAKER	Applicant has not been advised to have any surgery, procedure/tests or hospitalizations. Applicant hasn't taken more than 3 blood pressure medications *(1 combination medication equals 2 medications)* or had any increase in dosage or frequency of medication(s) for this condition in the last 2 years and if on a blood thinner, RX history shows compliance and concurrent fills for 2+ years and shows no changes in dosage/frequency. Active lifestyle with no limitations. No history of tobacco use. *If applicant is currently using a Pacemaker and meets the other medical requirements, may be eligible for standard rates, preferred not available. *If using a Defibrillator, applicant would not be eligible for coverage.
STROKE	In the past 5 years, the applicant has not been advised to have any surgery, procedure/tests or hospitalizations or been treated (includes taking medication) for this condition in the last 5 years. Applicant hasn't taken more than 3 blood pressure medications (*1 combination medication equals two medications)*. Active lifestyle with no limitations. No history of tobacco use.
TRANSIENT ISCHEMIC ATTACK (TIA)	In the past 5 years, the applicant has not been advised to have any surgery, procedure/tests or hospitalizations or been treated (includes taking medication) for this condition in the last 5 years. Applicant hasn't taken more than 3 blood pressure medications (*1 combination medication equals two medications)*. Active lifestyle with no limitations. No history of tobacco use.

Height and Weight Chart (All States)

If height/weight is outside the acceptable limits, the applicant is not eligible for coverage. Do not submit application.

UNISEX HEIGHT/WEIGHT BUILD CHART				
Height	**Decline if Under**	**Preferred Range**	**Standard Range**	**Decline if Over**
4'2	<65	65-124	125-146	>146
4'3	<67	67-129	130-152	>152
4'4	<70	70-134	135-158	>158
4'5	<72	72-139	140-164	>164
4'6	<75	75-145	146-171	>171
4'7	<78	78-150	151-177	>177
4'8	<81	81-156	157-183	>183
4'9	<84	84-161	162-190	>190
4'10	<87	87-167	168-197	>197
4'11	<90	90-173	174-204	>204
5'0	<93	93-179	180-210	>210
5'1	<96	96-185	186-218	>218
5'2	<99	99-191	192-225	>225
5'3	<102	102-197	198-232	>232
5'4	<105	105-203	204-239	>239
5'5	<109	109-210	211-247	>247
5'6	<112	112-216	217-255	>255
5'7	<115	115-223	224-262	>262
5'8	<119	119-230	231-270	>270
5'9	<122	122-237	238-278	>278
5'10	<126	126-243	244-286	>286
5'11	<130	130-250	251-294	>294
6'0	<133	133-258	259-303	>303
6'1	<137	137-265	266-311	>311
6'2	<141	141-272	273-320	>320
6'3	<145	145-280	281-329	>329
6'4	<148	148-287	288-337	>337
6'5	<152	152-295	296-346	>346
6'6	<156	156-302	303-355	>355
6'7	<160	160-310	311-364	>364
6'8	<164	164-318	319-374	>374
6'9	<168	168-326	327-383	>383
6'10	<173	173-334	335-393	>393
6'11	<177	177-342	343-402	>402

New Business Processing

Policy Delivery Receipts

- ✓ Policy delivery receipts are only generated when the policy is mailed to the agent for delivery and in states that require proof that it has been delivered (KY, NE, WV, SD). Explain all the provisions and benefits to the customer, and once completed, the delivery receipt should be signed and dated by the customer and the agent.
- ✓ Return to the administrative office only if required by your state. Keep a copy for your records.
- ✓ Deliver policies within seven days of receipt. Failure to submit the delivery receipt back to the administrative office will not result in the cancellation of the policy. In some states, this receipt is intended to protect the agent with proof of delivery. In other states, the receipt is required.

Declined Applications

If an application is submitted and declined because a customer's circumstances fall outside of our limits of insurability, he or she will be notified of the decline in the form of a letter. This letter will be mailed to the applicant, and we will send a portal notice to the agent.

Appealing a Declination

We will require a signed and dated letter from the treating physician for any appeal, based upon a declinable medication, declinable condition or in-house claims history. We may also require 5 years of medical records (at the applicant's expense) that are sent directly from the applicant's physician. The agent should contact the underwriter to determine what will be required with all other declines.

If the decline was based on an inaccuracy on the prescription drug history report, the applicant will need to work with Milliman to have their report corrected before coverage can be considered.

Appeals should be faxed to 1-855-227-6266, Attn: Underwriting. Please include the assigned application number on the fax cover page. The underwriter will make the final determination in all cases.

Required Forms

Please Note: Medicare Supplement regulations are subject to frequent modifications. It is the agent's responsibility to stay current with the changes that occur. Please use our agent website to download the most recent materials: https://service.iasadmin.com/prosperity.

Application
Only current Medicare Supplement applications applicable in the state in which the application is being taken may be used in applying for coverage. A copy of the completed application will be attached to the policy to make it part of the contract.
*The agent is responsible for submitting completed applications to the administrative office.

Producer Certification
This form must be signed by the agent and the applicant(s) and returned with the application.

Conditional Receipt
Receipt must be completed by the agent and provided to applicant as receipt if premium is collected at point of sale.

Notice of Information Practices
Notice must be provided to applicant.

Replacement Form(s)
The replacement form(s) must be signed and submitted with the application when replacing any Medicare Supplement or Medicare Advantage application. A signed Replacement Notice must be left with the applicant; a second signed Replacement Notice must be submitted with the application.

State Specific Required Forms and Notices

Forms specifically mandated by states to accompany point-of-sale material and included in application packet.

Colorado
Commission Disclosure Form – This form is to be completed by the agent, and then signed by the agent and applicant. Leave a copy with the applicant and retain a copy in the agent's file for the applicant.

Illinois
Medicare Supplement Checklist – The Checklist must be completed and submitted with the application and a copy left with the applicant. Agent is required to give a valid benefit comparison.

Florida
Agent Certification Form – Complete and submitted with the application
Kentucky
Medicare Supplement Comparison Statement – This form should be completed with a valid benefit comparison when replacing a Medicare Supplement or Medicare Advantage Plan and submitted with the application.

Maryland
Eligible Persons for Guaranteed Issue and Open Enrollment – To be left with the applicant.

Nebraska
Senior Health Counseling Notice – This notice is to be left with the applicant.

Ohio
Solicitation and Sale Disclosure – Both should be completed and submitted with the application.

South Carolina
Duplication of Insurance – This form should be completed and submitted with the application when duplicating Medicare Supplement insurance with other health insurance.

Pennsylvania
Guaranteed Issue and Open Enrollment Notice – This notice is to be left with the applicant.

Texas
Definition of Eligible Person for Guaranteed Issue Notice – This notice is provided as the last page of the application.

Appendix I

Medicare Supplement Product Availability

State	Plans	HHD%
AL	A, F, G, N	7%
AZ	A, F, G, N	7%
CO	A, F, G, N	7%
FL*	A, C, F, G, N	3.5%
GA	A, F, G, N	7%
IN	A, F, G, N	7%
IL	A, F, G, N	7%
KY	A, F, G, N	7%
MD	A, F, G, N	7%
MI	A, F, G, N	7%
MO	A, F, G, N	7%
MS*	A, F, G, N	7%
NC*	A, F, G, N	7%
NE	A, F, G, N	7%
NV	A, F, G, N	7%
OH	A, F, G, N	7%
OK	A, F, G, N	7%
PA	A, B, F, G, N	7%
SC	A, F, G, N	7%
SD	A, F, G, N	7%
TN	A, F, G, N	7%
TX	A, F, G, N	7%
UT	A, F, G, N	7%
VA	A, F, G, N	7%
WV	A, F, G, N	7%

***Product issued by SUSA**

All Other States Product Issued by SBLI USA