

**UnitedHealthcare**<sup>®</sup>

Underwritten By Golden Rule

# Broker Guide

Health Products for Individuals and Families

Underwriting • Medical List • Height and Weight Charts • Preferred, Tobacco, and Standard  
Criteria Rating • Application Instruction Checklist • List Bill Information • E-Store

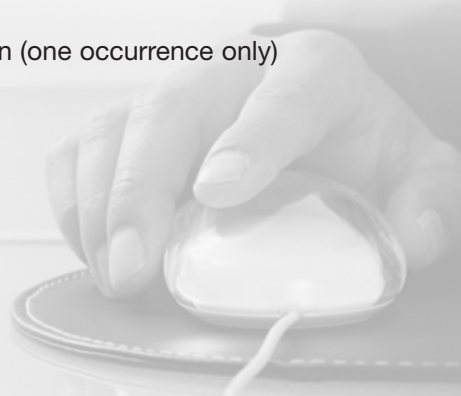


Not For Consumer Use

**Make sure you are using current brochures, applications, and rates for your state! Visit our Web site: [www.goldenrulehealth.com/broker](http://www.goldenrulehealth.com/broker)**

**Plus you can also go to [www.goldenrulehealth.com/broker](http://www.goldenrulehealth.com/broker) to download the following forms. Choose Services, then select Forms.**

- Authorization for Disclosure of Personal Information
- Authorization for Disclosure of Specific Personal Information (one occurrence only)
- Authorization for Pending Applications
- Blood Pressure Inquiry
- Change of Beneficiary Agreement Form
- Claim Forms
- Heart Murmur Inquiry
- HSA Application With OptumHealth Bank
- HSA Handbook
- EFT Authorization
- Qualified Medical Expenses



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# Why Choose Golden Rule?

## **Strength of UnitedHealthcare**

Golden Rule Insurance Company, a UnitedHealthcare company, is a proud member of the UnitedHealth Group family of businesses. An innovative leader in the health and well-being industry, UnitedHealth Group currently serves nearly 70 million individuals nationwide with products and services to help people achieve better health.\*

Golden Rule health insurance plans are built to give your clients affordability, access, quality, and simplicity. In most areas, our plans provide clients with access to an extensive network of preferred providers and network discounts. This can result in significant savings on health insurance premiums and out-of-pocket costs.

## **Product Leadership and Expertise**

Professional brokers like you have turned to Golden Rule for more than 60 years for competitive health insurance for individuals and families. Our unique insight into this market guided us as we pioneered plans to be used with health savings accounts (HSAs). We continue to develop new plans that combine high quality with simple designs that clients can understand.

## **Service and Claims Satisfaction**

Being responsive to broker and client service needs is a top priority at Golden Rule.

Throughout this guide, you'll read about all the services available from our Broker Service Center at (800) 474-4467. Our online E-Store takes full advantage of technology to make it even easier for you to do business with us.

We track our customer service and focus on improving our processes — from application to claims payment. We process more than 92% of health insurance claims in 10 working days or less!\*\* With Golden Rule, you and your customers can be confident that claims will be processed promptly.

\* [www.unitedhealthgroup.com](http://www.unitedhealthgroup.com)

\*\* Actual 2007 results



*Keeping you informed about product and process news and your clients' status is a top priority at Golden Rule. A thorough understanding of our products and processes will help you and your clients as you build your business with Golden Rule.*

*You can help by keeping your contact information current — including mailing address, phone numbers, and e-mail. E-mail is especially efficient and effective for providing you with relevant and timely information. Please make sure we have your correct e-mail address.*

### **New Product Launches**

With Golden Rule, you and your clients have access to quality products that are designed to be affordable and user-friendly. We also provide access to an extensive network of doctors and hospitals. Using a network provider may reduce your clients' out-of-pocket expenses.

Because of the continually changing marketplace, we regularly launch new portfolios to meet the demands of consumers. When we introduce a new product, producing brokers will receive a new product package in the mail. We'll follow up with e-mail, direct marketing, and call campaigns. Using E-Store is the best way to ensure you're offering the most current products and rates.

### **Broker Training**

Training for Golden Rule products and services is only a click away. Choose from **Live Webinars** with interactive Q&A or **On Demand Webinars** available 24 hours per day. Our training courses keep your schedule in mind. Each course typically runs 20-40 minutes. Topics include Personal Health insurance product training, health savings accounts (HSAs), and how to quote & submit applications using E-Store. Put our resources to work for you. Go to [www.goldenrulehealth.com/broker](http://www.goldenrulehealth.com/broker) (our broker Web site) and log in. Under the [Broker Training](#) tab, click on either [Health Webinars](#) or [Health Webinars On Demand](#) to learn more about our products and underwriting.

### **Broker Feedback**

You're an important source of information that helps drive Golden Rule product development initiatives. To better understand your needs, we may ask you to complete online or telephone surveys. Your expertise in the individual health market is invaluable to us as we work to meet your expectations for product affordability, access, quality, and simplicity.

# **Broker Appointments**

*As a licensed broker, you must become appointed with Golden Rule before soliciting or submitting applications. You have two ways to become appointed:*

*Visit <https://www.goldenrulehealth.com/EPBA> to complete the form and submit it to us.*

*Or you may call us at (800) 474-4467, and one of our representatives will assist you through the appointment process. We're available Monday through Friday from 8 a.m. to 5 p.m. Eastern time.*

## **Appointment Process**

Once we have your electronic or paper application, the process usually takes five to seven business days. Several states require a background check. Once approved, your appointment with Golden Rule will be effective immediately. We'll let you know when you're appointed. You may register online for instant access to marketing materials via E-Store, and we'll send a welcome kit to help you get started writing business with us.

## **Nonresident Appointment**

Thanks to the marketing power of the Internet, you can now serve individual health clients in states across the country.

To access these markets, send us a copy of your nonresident life and health state license and applicable non-resident appointment fee.

You may call our Broker Service Center at (800) 474-4467, and we'll help you with nonresident appointments.

## **Appointment Renewals**

If your state requires an appointment renewal with Golden Rule, we'll track your renewal time line and notify you when you should renew.

Certain renewal and/or license fees may be required. Payment can be made by credit card (Visa/MasterCard) or check. Visit [www.goldenrule.com](http://www.goldenrule.com) for forms and fee schedules. Choose [Brokers](#) and choose [Get Appointed](#). Call (800) 474-4467 with questions.

*You can provide faster, better service to more clients, while you cut travel and administrative costs, by using E-Store. The quoting and application system from Golden Rule allows your clients to receive quotes and submit applications online. Online applications can save time because the system requests missing information as clients go through their applications. That means you won't lose time tracking down missing information or signatures.*

Go to [www.goldenrulehealth.com/broker](http://www.goldenrulehealth.com/broker) to register for E-Store. *It's free and easy to use — 24/7! It's simple to do business with Golden Rule when you use E-Store.*

### **E-Store Advantages**

#### **E-Quote**

Compare plans and rates side by side in moments. You or your clients decide which plans to compare.

Receive e-mail notifications when your clients submit online applications. Track submissions and get follow-up information automatically.

#### **E-Submission**

Go from quote to purchase in minutes — clients can electronically sign and submit their applications.

#### **Broker-Assisted Application**

Help your clients complete their online applications. This can eliminate mail delays and improve the clients' buying experience. Making your clients' lives easier is a great way to help build your business.

#### **My New Business**

Track your newly submitted business for status through the underwriting process.

#### **My Book of Business**

Track your issued business for status and rerates.

#### **Download Current Marketing Materials (applications, brochures, etc.)**

#### **View Commission Statements**

## **E-Store** — *Your Online Quoting and Application System*

### **E-Store Broker Benefits**

Eliminates paper processing, mail delays, and out-of-date applications. Reduces new business processing delays caused by missing forms such as the EFT (electronic funds transfer) Form, FACT Enrollment Form (if required), and Authorizations. Speeds underwriting turnaround — often two days for uncomplicated applications.

### **Grow Your Business Online**

**Broker Store Front** — E-Store is customized with your name and contact information. This can give you a professional Web presence even if you don't have a Web site.

**Broker Link** — Add an E-Store link to your existing Web site. Increase convenience and improve your visitors' experience.\*

**Norvax Integration** — If you use Norvax, the E-Store buying process is seamless for your client. Norvax is a leading provider of Web and e-mail applications for insurance professionals. Norvax can help you design a Web site and use the Internet to obtain leads. Call (866) 466-7829.\*\*

### **E-Store Training**

Live and On Demand Webinars are offered to help you get started using E-Store. Additional sessions offer training on other topics such as Personal Health insurance products or health savings accounts (HSAs). Put our resources to work for you. Go to [www.goldenrulehealth.com/broker](http://www.goldenrulehealth.com/broker) (our broker Web site) and log in. Under the Broker Training tab, click on either Health Webinars or Health Webinars On Demand to learn more about our E-Store and our online application resource.

**Check <https://goldenrule.webex.com> for the latest schedule of free Webinars online.**

\*If you choose to install the E-Store link, it must be the exclusive source of Golden Rule information on your site. Not available in all states.

\*\*Golden Rule is not affiliated with Norvax and does not endorse the company or its products.

## How to Register for E-Store

- 1 Go to [www.goldenrulehealth.com/broker](http://www.goldenrulehealth.com/broker) and click "Register Now."

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PacifiCare<sup>®</sup> A UnitedHealthcare Company

**Log In to E-Store**

VeriSign Secured  
VERIFY

Broker Number:

Password:

Log In

**Not Registered?** [Register Now](#)

[Password Rules](#)

[Forgot your password](#)

Need help? **Call: 1-800-474-4467**

[Individual PPO & HMO Phone Service Listing](#)

We are excited to announce that we are now offering updated products and rates in many states. Please download the latest rate software and product brochure or call the Broker Service Center at 1-800-474-4467 for details.

To offer PacifiCare products call 1-800-232-5432, Option 3 (wait for connect)

Now offering Golden Rule products in the District of Columbia, Nevada and South Dakota!

New York Life agents please note: financial services products (Asset-Care, life and annuity products) are not available to you.

- 2 Complete the registration and create a password.

UnitedHealthcare

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**Registration**

Complete the information below and your "store front" will be opened. It's that easy!  
By registering, you agree to our [Site Users Agreement](#).

Enter either Broker Number and Last Name  
(Type in your name as it is registered with Golden Rule) PacifiCare brokers: Type in your name as it is registered with PacifiCare. Your PacifiCare broker number is either your tax ID or SS#)

**OR** Agency Number & Agency Name.  
(The Agency will not be able to send quotes under the Agency name. Quotes must be sent from an individual broker.)

Interested in Getting Appointed? To offer Golden Rule products call 1-800-474-4467 Option 5 or [click here](#)  
To offer PacifiCare products call 1-800-232-5432, Option 3 (Wait for connect)

Broker Number or Agency Number:

Last Name or Agency Name:

First Name:

E-Mail Address:

# **E-Store** — *Your Online Quoting and Application System*

## **E-Store Tools**

The home page is your link to all the tools available on E-Store. The tabs listed across the top of the page provide an easy way to navigate the site.

### **New Client Quote:**

Build and customize quotes that can be e-mailed to your clients. See page 12 of this guide for more information.

### **Client List:**

View the progress of clients' quotes and applications prior to submission.\*

### **Services:**

View your current and past commission statements.

Download all the current applications, brochures, and other forms.

View status on lapsed and re-rated policies.

### **My New Business**

Track your newly submitted business. Check pending applications along with current requirements/notes and status changes.\*

### **My Book of Business**

Track renewals, rates, payment modes, and receive e-mail notices of existing business changes.

Find current rating software and download it for off-line business.

Link to our Networks page for provider lookups.

### **Help:**

Update your information or change your password.

\*Applies only to E-Store activity.

**UnitedHealthcare**

**Golden Rule**  
1234 TEST  
INDPLS, IN 46278  
Ph: 123-345-5678  
An independent insurance broker.

**Golden Rule**  
A UnitedHealthcare Company

**PacifiCare**  
A UnitedHealthcare Company

**OXFORD HEALTH PLAN**  
A UnitedHealthcare Company

Home | New Client Quote | Client List | Services | Broker Training | Help | Logout

## Welcome to E-Store

**New Client Quote**  
Create a quote for a new customer.

**Client List**  
Access list of clients to quote or re-quote.

**My New Business**  
View status and summary reports

**My Book of Business**  
View status and summary reports

**Software Downloads**  
Download Asset-Care and Health Illustration.

**Forms**  
Access brochures, applications and marketing materials.

Free Online  
**WEBINAR  
PRODUCT  
TRAINING**  
Register Here

New Feature -- Are your clients having problems receiving emails with quote links or Broker Assisted Application links?

**Build a carrier approved website in just 5 minutes.**

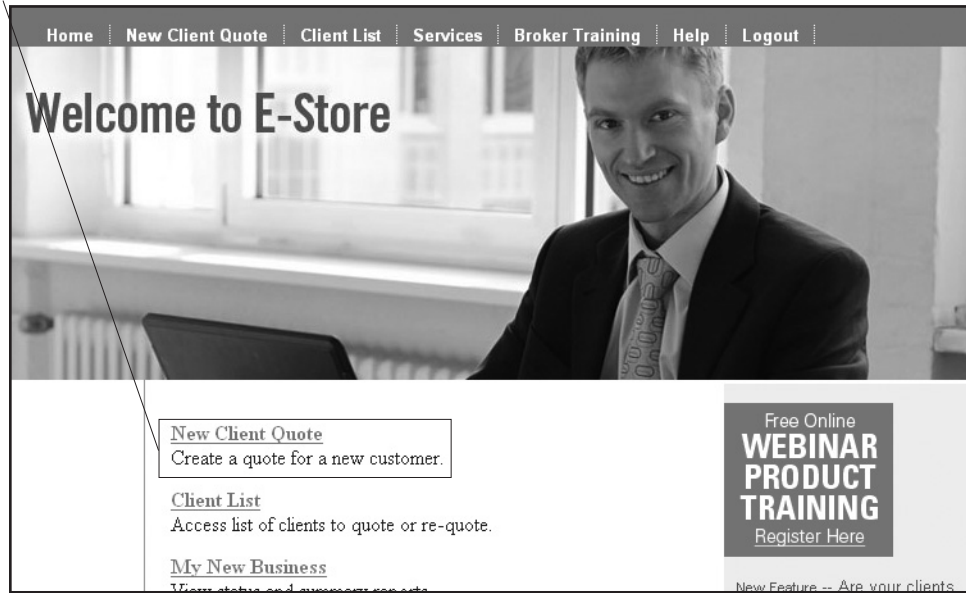
**Choose from sharp looking templates.**

# E-Store — Your Online Quoting and Application System

## How to Create a Quote and Initiate Online Applications

How to run quotes and submit your business electronically with Golden Rule:

- 1 Click "New Client Quote" on the home page.



- 2 Enter your client's name and e-mail address.

The screenshot shows the "New Customer Information" form. At the top is the same navigation menu as in the previous screenshot. Below the menu is a "Broker ID:" field with a text input and a dropdown arrow. The main section is titled "New Customer Information" and contains several fields: "First Name:" with a text input and an asterisk, "Last Name:" with a text input and an asterisk, "E-mail:" with a text input, and "Lead Source:" with two text inputs. Below the fields is a note "\* required field". At the bottom of the form are three buttons: "Submit", "Submit And Add Another", and "Clear". Below the form, there is a copyright notice: "Copyright © 2008 Golden Rule Insurance Company". At the very bottom, there is a list of insurance companies: "Products are either underwritten, administered or provided by: Golden Rule Insurance Company (Indiana domiciled, CA certificate of authority number 4407), American Medical Security Life Insurance Company (Wisconsin domiciled, CA certificate of authority number 08079), PacifiCare Life and Health Insurance Company (Indiana domiciled, CA certificate of authority number 5813), PacifiCare Life Assurance Company (Colorado domiciled, CA certificate of authority number 5814), PacifiCare of California (California domiciled, CA certificate of authority number 933-0218), or".

## 3 Click "New Health Quote."

The screenshot shows the Golden Rule website interface. At the top, there is a header with the UnitedHealthcare logo on the left and contact information for Golden Rule (1234 TEST, INDPLS, IN 46278, Ph: 123-345-5678) on the right. Below the header is a navigation menu with links for Home, New Client Quote, Client List, Services, Broker Training, Help, and Logout. The main content area is titled "Selected Customer's Quotes" and contains the text: "Below are the current quotes for your selected customer. From this screen, you can create new quotes or edit existing quotes." A box labeled "Create New Quotes:" contains two buttons: "New Health Quote" and "New Asset-Care Quote". The "New Health Quote" button is highlighted with a white border and a diagonal line pointing to the instruction above. At the bottom, there is a copyright notice and a list of products provided by various insurance companies.

## 4 You will have two options: a "Customized Quote" or a "Self-Service Quote."

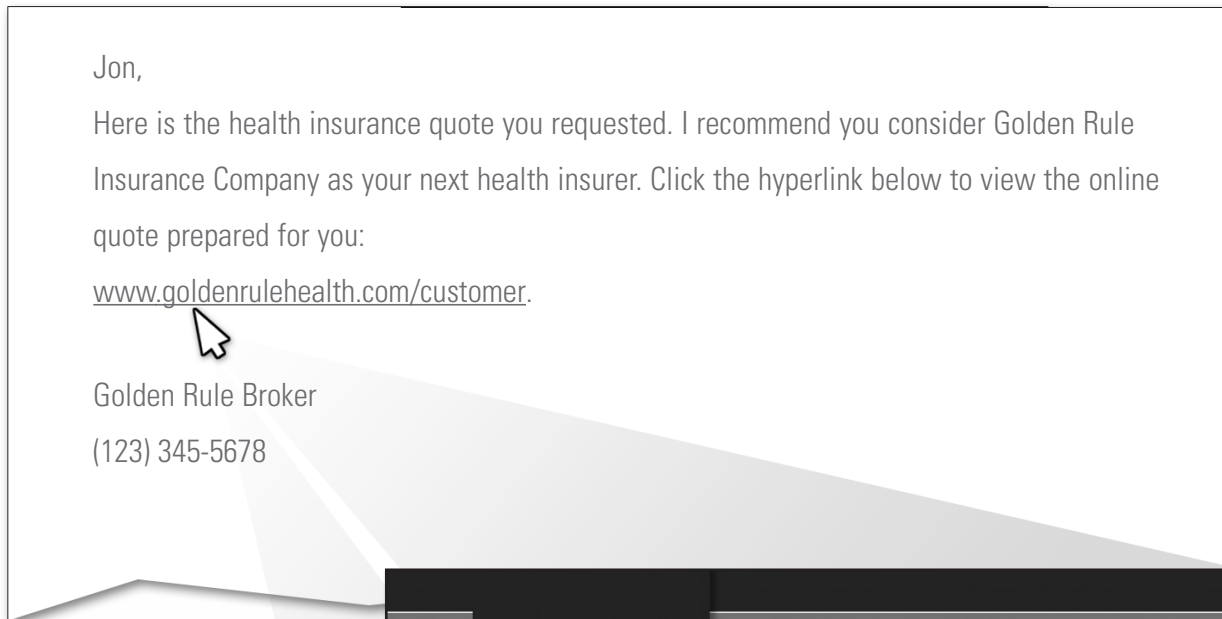
The screenshot shows the Golden Rule website interface, specifically the "New Health Quote -- Select quote method" screen. The header and navigation menu are identical to the previous screenshot. The main content area is titled "New Health Quote -- Select quote method" and contains two options, each with a "GO!" button:

- 1 Customized Quote**  
Enables you to send an E-mail message with hyperlink to your customer for the customer to view the quote that you created for them. [See Example](#)
- 2 Self-Service Quote**  
Enables you to send an E-mail message with hyperlink to your customer for the customer to complete information and create a quote. [See Example](#)

At the bottom, there is a copyright notice and a list of products provided by various insurance companies.

## E-Store — Your Online Quoting and Application System

Customized Quote will send your client an e-mail signed by you, with a link to his or her quote. The link will also allow your client to apply with you online. Here's a sample:



**UnitedHealthcare**  
Golden Rule  
1234 TEST  
INDPLS, IN 46278  
Ph: 123-345-5678  
An independent insurance broker.

Golden Rule®  
A UnitedHealthcare Company

Home | New Client Quote | Client List | Services | Broker Training | Help | Logout

### New Health Quote Summary

Please select one of the following two methods:

<b>Send E-mail:</b> Send an E-mail message with hyperlink to your customer to view the quote that you created for them. <b>Sample of Your E-mail</b> Unique ID: 3600 <a href="#">How to use the Unique ID</a> <b>Send E-mail</b>	<b>Verify Plan &amp; Begin Client Application:</b> Assist Your Client! To use this option, you confirm that you and your client have discussed their needs and reviewed the product brochure or information. You may then complete the majority of the on-line application for your client. Your client simply reviews and e-signs. (Not available for ShortTerm) <b>Verify Plan &amp; Apply</b>	<b>Summary:</b> Applicant Effective Date: 6/1/2008 Products: HSA Saver <a href="#">Change Quote?</a> E-mail Address: Tammy.V <b>Change Client Info?</b> EOSTEPHENS@GOLDEN <a href="#">Quote Calculator</a> <a href="#">View &amp; Print Quote</a>
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Or after consulting with your client, you may facilitate the process by filling in some or all of the application information and forwarding the form to your client for his or her review and signature. Please read all instructions carefully. Make sure that your client reads the final disclosure statements and then checks the box where indicated for final submission.

“Self-Service Quote” will send your clients a link for them to create their own quotes. They’ll also have the option to apply online. The links will show you as the broker of record and display your name and contact information.

**UnitedHealthcare** Golden Rule  
1234 TEST  
INDPLS, IN 46278  
Ph: 123-345-5678  
An independent insurance broker.

**Golden Rule** **Pacific**  
A UnitedHealthcare Company A UnitedHealthcare Company

If at anytime you have questions -- call your broker.

**Step 3: Review Quote**

**Returning Customer**  
Coverage Selected:  
Zip Code: 541\*\*  
Female Applicant (36 yrs.)  
**Change Above Information**  
Requested: [6/2008]  
Effective Date: [6/2008]

[About the UnitedHealthcare Family of Businesses](#)  
[Important Consumer Information](#)  
[Privacy Policy](#)  
[Oxford Privacy Policy](#)

You will need Adobe Acrobat Reader 5.1 or higher to view all materials. If you do not have Adobe Acrobat Reader 5.1 or don't know what you have, [click here](#) to download a FREE version.

**View Brochure**  
**View Doctors in Network**

**Adjust the plan if necessary**

**Health Insurance**  
**HSA Saver®**  
Our most affordable HSA plan with a tax-favored savings account and quality medical coverage.

Deductible: \$5,000  
Coinsurance: 100%

**\$76.11 Monthly** **View Benefits**

## Link to E-Store From Your Web Site

From the E-Store Welcome Page, you may add a link to your Web site that will take your visitors to an E-Store page customized with your name and an invitation to request a quote. The process is simple for your clients and assures you'll get credit for the business.



**UnitedHealthcare** Golden Rule  
1234 TEST  
INDPLS, IN 46278  
Ph: 123-345-5678  
An independent insurance broker.

**Golden Rule** **Pacific**  
A UnitedHealthcare Company A UnitedHealthcare Company

If at anytime you have questions -- call your broker.

**Health Insurance for individuals and families!**  
*Get a quote, compare health plans, and even apply on-line!*  
*In just a few easy steps you can find out if one of our plans meets your needs and budget.*

**Step 1: Enter Zip Code** **Returning Customers**

Zip Code: \*

**Get Quotes**

**Has a quote been created for you?**  
**Have you been assisted in creating your appli**

[About the UnitedHealthcare Family of Businesses](#)  
[Important Consumer Information](#)  
[Privacy Policy](#)  
[Oxford Privacy Policy](#)

You will need Adobe Acrobat Reader 5.1 or higher to view all materials.

This site is designed to be used with Internet Explorer. Use of other browsers may cause a loss of some functionality.  
Copyright© 2008 Golden Rule Insurance Company

## **Quote Golden Rule Products**

### **Online Through E-Store**

Using E-Store at [www.goldenrulehealth.com/broker](http://www.goldenrulehealth.com/broker), you can generate quotes. Create a customized quote (broker-generated and completed) or a self-service quote (broker-generated but client-completed). After clients review their e-mailed quotes, they can apply online. (See page 17 for instructions.)

### **Rate Software\***

Golden Rule rates are available on CD-ROM, or you can download them immediately from E-Store. Once the software is on your computer, current rates are easy to access. You can personalize quotes with your name and your clients' names. The quotes are ready to print.

### **Broker Service Center**

Golden Rule can generate a quote and e-mail or fax it to you immediately. We can also help you with options for lowering rates for in-force coverage, creating rate plans to include dependent changes, and completing applications. Call (800) 474-4467 and press 2 for help today!

### **Options for Lowering Premiums**

On new or existing plans, you can reduce your clients' premiums using these approaches:

- Add a preferred provider network which typically provides a 10% to 30% discount on covered services.\*\*
- Increase the deductible.
- Evaluate the need for optional benefits.
- Review the type of plan being offered.

### **Products Offered**

See page 37 for a list of our products offered by state. Visit E-Store for the current brochure for your state.

\*Please note that we have recently changed how we rate motorcycle drivers. Currently, the premium for the motorcycle driver is not reflected in our software for quoting or on line. Please add 20% to the base rate of the premium associated with the motorcycle driver to the total premium for an estimated quote.

\*\*Varies by location and type of service.

Health insurance applications can be submitted to Golden Rule Insurance Company via E-Store, mail, or fax. Applications submitted via E-Store are processed faster and are the most accurate. We recommend E-Store!

## **E-Store Applications**

### **Benefits of submitting via E-Store:**

- Policy ID is assigned immediately upon submission confirming receipt of the application.
- E-Store applications are typically processed faster than mailed or faxed applications.
- Mail and data entry time are eliminated.
- Your closing rate is typically increased.
- Your commissions can reach you sooner.
- Effective date can be as early as the next day after submission.

**Applications submitted through E-Store can be completed by the broker\* or by the applicant.**

**Please follow these steps when submitting applications via E-Store:**

- Go to [www.goldenrulehealth.com/broker](http://www.goldenrulehealth.com/broker) and click on Brokers. (First-time users will need to register.)
- Click on New Client Quote.
- Input the census information and plan type.
- E-mail a quote, product brochure, and application to your client.

\*Applicants must always personally sign (or E-sign) and submit their own applications.

**The next page gives step-by-step instructions for broker-assisted and client-completed applications.**

# Submit Applications

## **Broker-Assisted Application**

- Fully complete all medical questions on the application with information given to you by the applicant.
- Provide full details to all questions answered “yes.”
- E-mail your clients a link to the application for review and final signatures.
- Make sure your clients sign their applications and submit them to Golden Rule in a timely manner.
- Check the progress of submitted applications using E-Store’s Status tab.

## **Client Application**

- Make sure you have your applicants’ correct e-mail addresses to ensure delivery.
- Have your clients fully complete all medical questions and provide full details to all questions answered “yes.”
- Check their progress under E-Store’s Client List tab. If an application shows only partial completion, contact your client to see if assistance is needed.
- Track the progress of submitted applications using E-Store’s Status tab.

## **Unique ID**

- Unique ID is an alternative to e-mail.
- You’ll find Unique ID at the end of a Broker-Assisted or Customized Quote that you prepare.
- E-mail your client the Unique ID number. The client goes to [www.goldenrulehealth.com](http://www.goldenrulehealth.com) to complete the application process.
- You’re credited with the business.

## **Paper Applications**

**You may also mail paper applications to us. Please follow these guidelines:**

- Clients must complete their own applications (except in West Virginia).
- Black ink is preferred, and printing is recommended to speed processing.
- Clients should answer all questions and provide full details to all questions answered “yes.”  
By having the clients provide full details, we’re able to underwrite the application without unnecessary delays.
- Clients may change answers by marking through the previous answer just once and initialing the correction.
- You should review the application for completeness and accuracy before submitting it. Please include at least one month’s premium with the application. Without premium, the application will be returned without being underwritten.
- Include a copy of the quote with the application to help address any premium discrepancies.
- Mail or fax applications within three days of the date they’re signed.

### **Mail applications to:**

Golden Rule Insurance Company  
HEALTH APPLICATION  
P.O. Box 68994  
Indianapolis, IN 46268-0994  
FAX: (317) 713-7875

- For paper application submissions, the coverage effective date will be the later of either the date requested or the date we receive the application in our office. Our plans generally have an effective date for injury followed by a 14-day waiting period for illness (not applicable in Georgia, Colorado, Kansas, Louisiana, Nevada, and Texas). The 14-day waiting period is waived for applicants replacing prior coverage within 62 days, so long as the replacement information is disclosed on the Golden Rule application.
- If no effective date is requested, Golden Rule will assign the received date as the effective date.

### ***What to Expect When Submitting Applications***

- Applicants with medical conditions will be subject to a longer underwriting process.
- Please inform your clients that we may call to clarify certain items on the application.
- We may order reports from the Medical Information Bureau or applicants' attending physicians to get a clearer picture of current risk.
- Applications may be declined. Each individual is underwritten separately and therefore, coverage may be issued but not all family members may be covered. Please have your clients review their offer of coverage carefully. (See page 31 for more about HIPAA and guarantee issue plans.)
- ID cards will be mailed directly to the primary insured from our vendor.
- You choose the one place all coverage documents will be mailed, either to your clients directly or to your office. You must call us to elect to have documents sent to your clients.
- Changes such as adding an eligible dependent or newborn or changing the deductible can be requested after issue. For assistance, call the Broker Service Center at (800) 474-4467.
- Check E-Store for updates on electronic application submissions.

### ***Tips for Faster Processing***

Small errors can delay application processing. Here are some common new business problems:

#### **1) Premium mismatch between applications and benefits selected**

If we find an additional premium is needed, we'll hold the application until we have received the required amount. Please double-check the premium.

#### **2) Lack of signatures on required forms**

Check for signatures on the application, FACT Enrollment (if required), HSA application if funding with OptumHealth Bank, and both authorizations. Note: Submitted E-Store applications must always include signatures.

#### **3) Incomplete information on the application**

Encourage clients to provide all requested information. Verify that clients provide details when they answer "yes" on medical questions.

# Submit Applications

## **FACT — The Federation of American Consumers and Travelers**

*In states where we offer association group insurance (see chart on page 37), customers must join an association called FACT (Federation of American Consumers and Travelers) to be eligible for a plan. Membership requires a FACT enrollment and \$3 monthly dues.\**

### **FACT membership includes a number of discounts and services:**

#### **Discounts (not insurance)**

- Dental care (20% to 50% typical savings).
- Vision care, including exams, eyeglasses, contact lenses, and LASIK eye surgery.
- Eyewear savings.
- Prescription drug discounts.
- Vitamins, minerals, and other health products at up to 20% savings.
- Hearing aids and services.
- Amusement park discounts.

#### **Services**

- Utilization review services.
- Consumer hotline referral service.
- Informative newsletter.

#### **Plus your clients:**

- May apply for FACT scholarships, classroom grants, and community project grants.
- Are eligible to request financial assistance in the event of a natural disaster.
- Are kept aware of matters of importance through FACT's legislative watch.

For the most current benefits and providers, visit FACT's Web site at [www.usafact.org](http://www.usafact.org) or call toll-free (800) USA-FACT.

\*Existing FACT members must submit a new enrollment form with initial dues. They may contact FACT for a refund of any overpayment of dues. Dues are in addition to insurance premium. FACT is an independent consumer organization.

# Methods of Payment for Renewable Individual Health

When you are submitting an insurance application, at least one month's premium is required. If coverage is not issued, all premium is returned.\* After the first month, clients have three options for premium payments:

## Monthly

Your clients may set up preauthorized charge (also known as electronic funds transfer or EFT) to pay premiums from their checking or savings accounts. To request EFT, clients should include the request form and a voided check or deposit slip with the application.

- Clients may select the date of the month the transfer is made. Date must be before or no more than 10 days after the due date.
- If no date is selected, the transfer will be made on the due date.
- Please note that plans remain active longer with monthly EFT than quarterly billing.
- If applicable, \$3 FACT dues will also be collected each month.

## Quarterly

A bill will be sent to your client two weeks in advance of his or her qualifying due date. If applicable, FACT dues of \$9 per quarter will also be collected (see chart on page 37).

Your clients also have the option to set up quarterly EFTs **after** their coverage has been issued. Have your clients submit their application now with their next preferred payment option, then contact Client Services at (800) 657-8205 to change their payment option once their coverage has been issued. To download an EFT Authorization form, go to [www.goldenrule.com](http://www.goldenrule.com), and click on the [Customers](#) link and click on [Download Health Insurance Forms](#).

## List Bill

This convenient option is available in some states to groups of individual certificate holders who pay through a single payor. This is not group insurance. Each individual pays 100% of his or her own coverage. See page 32 for details and page 37 for a chart of state availability.

**Visit [www.goldenrulehealth.com/broker](http://www.goldenrulehealth.com/broker) for payment option form downloads. Click on [Services](#) and then [Forms](#).**

\*Except the \$20 application fee for short term (where applicable).

# Underwriting Guidelines

## General Rules

### Eligibility

Applicants are eligible for coverage from birth through age 64 1/2.\* Eligible dependents include a lawful spouse and eligible children.

*To be eligible, children must be:*

- Unmarried.
- Living with and financially dependent on the primary insured.\*\*
- Up to age 25, unmarried, and living at home.

\*By federal law, eligibility for an HSA plan is limited to those who are not a dependent, regardless of age.

\*\*If a child is living apart from a parent, such as after a divorce, we may be able to offer the child coverage on the parent's plan. We'll handle such situations on a case-by-case basis. We may need additional underwriting information.

### Child(ren)-Only Coverage

A parent or legal guardian must complete the application and provide answers to medical questions for all children applying. The parent's or legal guardian's signature is required on the application. The youngest child listed on the application will be named as the primary insured. These plans are always rated standard.

### Other Coverage

Golden Rule maintains specific underwriting guidelines regarding other medical coverage. Generally, we'll issue our plans in addition to only the following types of coverage:

- Student accident insurance.
- Accident-only plans.
- Dread disease policies (e.g., cancer).
- Coverage through Medicaid.

All existing insurance plans, including the above, must be reported on the application.

## ***Foreign Residence and Travel***

Coverage will not be issued to anyone intending to travel to any country where a state of war exists or is imminent.

Coverage will not be issued to persons planning on leaving the country within the first six months after issue and staying more than a month (except Florida).

Coverage will not be issued to foreign-born applicants who intend to return to their native country.

Persons leaving the country for a honeymoon should not be of concern unless, of course, they are honeymooning in a country at war.

**U.S. citizens who have been overseas for 12 months or less should not be of concern. For instance, we will consider a dependent studying abroad who returns to the United States.**

## ***Avocations***

Certain avocations may involve an accident hazard that will be considered when underwriting the health risk. Golden Rule will exclude coverage for certain avocations.

## ***Motorcycle***

A motorcycle, for rate-up purposes, is defined as a vehicle which would require a license to ride on the road. This would generally rule out the dirt bikes and mopeds ridden only off-road, and thus they would not be rated up.

## ***Networks***

Preferred provider networks are available in most areas and can offer significant discounts.

## ***Premium***

Premium rates will occasionally increase. At the time an application is submitted, premium is determined by individual and health conditions. Once a policy has been issued, and experiences a rate increase, that rate increase is determined by health class, not by individual rating or health concerns. All initial premiums are guaranteed for the first 12 months.\* A minimum of one month's premium must accompany each application.

\*Subject to address change or benefit change.

## ***Details on Policy Offerings***

We offer a broad range of products with a variety of deductibles and options. Please take a moment to review our product brochure and its detailed information on our current offerings.

## ***Underwriting Information***

Each individual on an application is underwritten separately. Underwriting decisions are based on the information on the application as well as information we obtain during underwriting.

If a health condition prohibits coverage to be offered on any basis, the application is declined and a refund of the initial premium\*\* is sent to the payor. We may decline to insure one family member but offer to cover others.

If a health condition or avocation prohibits coverage "as applied for," Golden Rule may use riders. See page 29 for details.

\*\*Not including Short Term Medical<sup>SM</sup> application fee.

# Underwriting Guidelines

## Underwriting — Step-by-Step

### 1) Determine Health Rating Class

*Tobacco* — Applicants who have used tobacco products, including smokeless tobacco, during the 12 months prior to application submission.

*Preferred* — Applicants who are generally healthy and have healthful lifestyles. Applicants must be 18 years or older and apply as the primary insured or spouse (children are rated standard). Preferred applicants are eligible for a 10% discount.

*Standard* — Applicants who have not used tobacco during the 12 months prior to application submission, all children, and applicants who do not qualify for preferred rates.

### 2) Select the Appropriate Health Rating Class

- You can make reasonable determinations about applicants' health ratings by considering their health and lifestyles.
- If applicants have used tobacco, including smokeless tobacco, in the past 12 months, the Tobacco class rates apply.
- If applicants haven't been tobacco users, consider them for the Preferred class. Many applicants will qualify, but the following limitations apply.

*Applicants won't qualify for the Preferred class if they:*

- Are over or under the Preferred class height and weight chart guidelines (See page 25).
- Have a history of high blood pressure.
- Have used tobacco products within the past 12 months.
- Have received a medical exclusionary rider — whether temporary or permanent (does not include riders for minor conditions, previous C-section deliveries, avocation riders, or one-year duration riders).

If applicants haven't used tobacco but, in your opinion, don't qualify for the Preferred class, rate applicants as Standard.

Golden Rule reserves the right to adjust the rating class based upon underwriting discovery.

### 3) Refer to the Height/Weight Charts

Check the height and weight of each applicant and refer to the charts on page 25 for the correct rating class.

*Please verify that you have correct height and weight.* Changes to this information are not accepted after submission. Incorrect information can cause delays and inappropriate premiums.

*Guidelines for using height and weight to determine clients' health class:*

- Height measurement assumes client is wearing 1/2" heel shoes.
- Weight measurement assumes client is fully clothed.
- Depending on height and weight results, more medical data may be requested.
- The terms "standard" and "acceptable" refer to build, not risk. Individuals outside of the "acceptable" or "standard" ranges will be denied coverage.
- Health conditions in addition to height and weight are also considered.

# Underwriting Guidelines

Standard Health Class Height/Weight Chart				
Male Height	Ages 18 to 45		Age 46 and over	
	Standard	Acceptable	Standard	Acceptable
4' 10"	88-161	162-180	88-174	175-186
4' 11"	90-165	166-184	90-178	179-190
5' 0"	92-169	170-188	92-182	183-195
5' 1"	94-173	174-193	94-186	187-200
5' 2"	96-177	178-197	96-190	191-204
5' 3"	99-182	183-203	99-196	197-210
5' 4"	102-187	188-209	102-202	203-216
5' 5"	104-192	193-215	104-207	208-222
5' 6"	107-198	199-220	107-213	214-228
5' 7"	110-202	203-225	110-217	218-232
5' 8"	113-207	208-231	113-223	224-238
5' 9"	116-212	213-236	116-228	229-244
5' 10"	119-218	219-244	119-235	236-252
5' 11"	122-224	225-249	122-241	242-258
6' 0"	125-230	231-257	125-248	249-266
6' 1"	128-235	236-262	128-253	254-272
6' 2"	132-242	243-270	132-260	261-279
6' 3"	135-248	249-277	135-267	268-286
6' 4"	139-256	257-286	139-276	277-296
6' 5"	143-264	265-294	143-284	285-304
6' 6"	147-272	273-303	147-293	294-314
6' 7"	151-280	281-312	151-301	302-322
6' 8"	155-287	288-320	155-309	310-332
6' 9"	158-295	296-328	158-317	318-340
6' 10"	162-302	303-336	162-324	325-349
6' 11"	166-310	311-345	166-333	334-357
7' 0"	170-317	318-253	170-341	342-366

Standard Health Class Height/Weight Chart				
Female Height	Ages 18 to 45		Age 46 and over	
	Standard	Acceptable	Standard	Acceptable
4' 10"	80-149	150-167	80-155	156-174
4' 11"	82-153	154-171	82-159	160-178
5' 0"	84-155	156-176	84-162	163-182
5' 1"	86-159	160-180	86-166	167-186
5' 2"	88-163	164-184	88-170	171-190
5' 3"	90-168	169-189	90-175	176-196
5' 4"	92-173	174-194	92-180	181-202
5' 5"	94-178	179-200	94-185	186-207
5' 6"	97-182	183-205	97-190	191-213
5' 7"	99-186	187-209	99-194	195-217
5' 8"	102-191	192-215	102-199	200-223
5' 9"	105-196	197-220	105-204	205-228
5' 10"	108-202	203-227	108-210	211-235
5' 11"	111-206	207-232	111-215	216-241
6' 0"	115-212	213-239	115-221	222-248
6' 1"	118-217	218-244	118-226	227-253
6' 2"	121-222	223-251	121-232	233-260
6' 3"	124-230	231-258	124-239	240-267
6' 4"	127-236	237-266	127-246	247-276
6' 5"	130-244	245-274	130-254	255-284
6' 6"	134-250	251-282	134-261	262-293
6' 7"	137-258	259-290	137-269	270-301
6' 8"	141-265	266-298	141-276	277-309
6' 9"	144-273	274-306	144-284	285-317
6' 10"	148-280	281-313	148-291	292-324
6' 11"	152-286	287-321	152-298	299-333
7' 0"	155-295	296-328	155-306	307-341

Preferred Health Class Height/Weight Chart					
Height	Male Weight (lbs.)	Female Weight (lbs.)	Height	Male Weight (lbs.)	Female Weight (lbs.)
4' 10"	106-146	99-138	6' 0"	153-202	140-189
4' 11"	109-148	100-140	6' 1"	157-209	144-194
5' 0"	112-151	103-143	6' 2"	161-216	148-200
5' 1"	115-154	106-146	6' 3"	165-224	151-205
5' 2"	117-157	108-150	6' 4"	170-232	155-209
5' 3"	121-160	111-153	6' 5"	174-240	160-214
5' 4"	124-163	113-157	6' 6"	179-248	165-219
5' 5"	128-167	116-161	6' 7"	183-256	171-225
5' 6"	131-171	119-165	6' 8"	187-264	177-231
5' 7"	134-175	122-168	6' 9"	194-272	182-236
5' 8"	138-178	125-172	6' 10"	200-280	188-242
5' 9"	141-184	129-176	6' 11"	206-288	194-248
5' 10"	145-189	132-179	7' 0"	212-296	200-255
5' 11"	149-195	136-184			

#### 4) Review Unacceptable Conditions

Everyone has the right to apply for coverage, regardless of vocation or health condition. Below is a list of conditions that may indicate that a client is uninsurable by Golden Rule. In any event, clients may apply if they choose.

Some medical conditions present an increased risk that Golden Rule is generally unwilling to assume. Applicants usually are not accepted if they:

- Are contemplating surgery or hospitalization.
- Have symptoms indicating a potentially serious condition or undiagnosed ailments.

# Underwriting Guidelines

The following list of conditions (not all inclusive) will likely result in the application being declined (conditions may vary by state).

## HEART CIRCULATORY

Aneurysms — (Anywhere in the body)  
Angina  
Angioplasty  
Aortic Stenosis  
Aplastic Anemia  
Arterial Blockage — (Anywhere in the body)  
Arteriosclerosis  
Atrial Fibrillation — (2-year clearance)  
AV Malformations  
Bicuspid Aortic Valve  
Bradycardia — (Heart rate under 45)  
Bruits — Present (Sounds of turbulent blood flow)  
Buerger's Disease<sup>1</sup>  
Cardiac Defibrillator Implanted  
Cardiac Hypertrophy  
Cardiomyopathy  
Cerebral Hemorrhage  
Congenital Defects<sup>2</sup>  
Congestive Heart Failure (CHF)  
Corarctation of Aorta  
Coronary Artery Disease (CAD)  
Coronary Bypass  
Coronary Insufficiency  
Coronary Occlusion  
Coronary Spasms  
Coronary Thrombosis  
Cytomegalovirus — (CMV) — (If present)  
Deep Vein Thrombosis — (Still on blood thinners)  
Diastolic Murmurs or Systolic Murmurs Grade 3-6  
Ejection Fraction of less than 50%  
Endarterectomy  
Endocarditis — (Within 5 years)  
Heart Attack — (Myocardial Infarction)  
Heart Bypass Surgery  
Hemochromatosis  
Hemorrhagic Diathesis — (Hemophilia)  
High Blood Pressure — (If present and Standard 2 build)  
Intermittent Claudication — (Narrowing of leg arteries Ischemia)  
ITP — (Idiopathic Thrombocytopenia)  
Kawasaki Disease — (Present or within 6 months of recovery)  
Left Bundle Branch Blockage (LBBB)  
Lown-Ganong-Levine Syndrome — (If symptomatic)  
Mitral Insufficiency

Mitral Regurgitation — (Trace or Trivial Regurgitation is considered with MVP)  
Mitral Stenosis  
Myocarditis — (Within 6 months)  
Obstructive or Stenotic Murmurs  
Pacemaker  
Pericarditis — (If Viral, 2-year clearance. If due to Heart/Lung problems or multiple attacks, would be declined)  
Peripheral Vascular Disease  
Pulmonary Hypertension  
Pulmonary Stenosis  
Raynaud's Disease  
Rheumatic Heart Disease  
Sick Sinus Syndrome  
Sickle Cell Anemia  
Stroke  
Tachybrady Syndrome  
Tetralogy of Fallot<sup>3</sup>  
Thalassemia Major  
Transient Ischemia Attacks (TIA)  
Transposition of the Great Arteries  
Valve Replacements  
Ventricular Contractions  
Ventricular Fibrillation  
Ventricular Paroxysmal Tachycardia  
Von Willebrand's Disease — (If present)  
Wolfe-Parkinson-White Syndrome — (If symptomatic)

## CANCER/TUMORS

Bladder Cancer — (5-year clearance)  
Brain Cysts — (Present or within 2 years or with after-effects)  
Brain Tumor — (Benign within 2 years or with after-effects. Will not consider malignant brain tumor)  
Breast Cancer — (2-year clearance if cancer-free and not in lymph nodes. 5-year clearance if local or regional metastasis. Declined if distant metastasis)  
Cancer — Present  
Cervical Cancer — (Present. If cured will consider)<sup>4</sup>  
Colon Cancer — (5-year clearance)  
Giant Cell Carcinoma  
Hodgkin's Disease  
Kidney Cancer — (5-year clearance)  
Leukemia  
Leukoplakia  
Lymphoblastoma  
Lymphocytic Interstitial Pneumocystitis  
Lymphoma

<sup>1</sup> Obstruction of small and medium arteries and veins by inflammation triggered by smoking.

<sup>2</sup> Patent ductus arteriosus (present), dextrocardia, atrial septal defect, atrioventricular canal defect, Ebstein's Anomaly, Eisenmenger's complex, hypoplastic left heart syndrome, pulmonary atresia and stenosis, and truncus arteriosus.

<sup>3</sup> Combination of heart defects consisting of large ventricle septal defect/displacement of aorta/narrowing of outflow from right side of heart/thickening of right ventricle wall.

<sup>4</sup> If cured by hysterectomy more than 2 years ago, may consider w/o rider.

Lymphosarcoma  
Lung Cancer — (10-year clearance)  
Malignant Melanoma  
Multiple Myeloma  
Ovarian Cancer — (7-year clearance)  
Polyposis  
Prostate Cancer — (2-year clearance)  
Reticulum Cell Sarcoma  
Skin Cancer — Squamous Cell — (Present)  
Stomach Cancer — (5-year clearance)  
Testicular Cancer — (5-year clearance)  
Tongue Cancer — (5-year clearance)  
Uterine Cancer — (10 years without hysterectomy\*)

\*Total hysterectomy and no metastasis, can consider

## GENITOURINARY SYSTEM

Hydronephrosis — (Present)  
Kidney Dialysis  
Kidney Infections can be considered unless chronic\*  
Kidney Stones — Bilateral — (Present in both kidneys)  
Kidney Transplant  
Nephrosclerosis  
Nephrosis  
Nephrotic Syndrome  
Neurogenic Bladder  
Polycystic Kidney Disease  
Renal Artery Stenosis

\*Other kidney problems we can consider: duplication of kidney, born w/o kidney

## ENDOCRINE

Addison's Disease  
Adrenal Hyperplasma  
Diabetes Mellitus — (May be able to consider Gestational Diabetes)  
Discoid Lupus (chronic) — (Within 2 years)  
Hyperinsulinemia  
Systemic Lupus

## EAR/EYE

Meniere's Disease — (Declined if condition is progressing or having problems with equilibrium)  
Optic Neuritis — (Declined if present or diagnosed within 1 year with no etiology)  
Retinal Hemorrhage  
Sjogren's Syndrome

## SEXUALLY TRANSMITTED DISEASES

AIDS  
HIV Positive

## FEMALE DISORDERS

Unless pending surgery, can consider most female disorders with riders. Check Cancer Listing.

## BACK DISORDERS

Disabled  
Pending Surgery

## THYROID/GOUT DISORDERS

Graves' Disease — (Present and under TX less than 6 months can consider on a case-by-case basis. TX over 6 months can consider/rider)  
Hyperthyroid — (Case by case less than 6 months' decline — more than 6 months, we can consider with rider)  
Thyroid with goiter or pending surgery

## NERVOUS SYSTEM

Alcohol/Substance Abuse Treatment — (5-year clearance from date of last TX {not including AA} if only one offense)  
Alzheimer's Disease  
Autism  
Bipolar — (Manic Depression)  
Epilepsy — (1-year clearance since last seizure)  
Eating Disorders — (Anorexia/Bulimia with present or ongoing TX; after TX, weight must be stable for 2 years)  
Huntington's Chorea  
Hydrocephalus  
Mongolism — (Down's Syndrome)  
Multiple Sclerosis  
Neuropathy  
Retardation — (Severe)  
Schizophrenia  
Seizure or Convulsive Disorder — (Unknown etiology unless last seizure was a long time ago and current EEGs are normal — Usually 2 years)  
Suicide Attempt — (Within 5 years, 2 or more attempts need 10-year clearance — Thoughts of suicide 1- to 2-year clearance/ideations of suicide 2- to 5-year clearance)  
Turner's Syndrome

## RESPIRATORY SYSTEM

Asbestosis  
Bronchitis — Chronic  
C.O.L.D. (Chronic Obstructive Lung Disease)  
C.O.P.D. (Chronic Obstructive Pulmonary Disease)  
Emphysema  
Lung Cyst or Abscess — (Present)  
Pulmonary Embolisms  
Pneumonia — (Present)  
Tuberculosis — (Present)

# Underwriting Guidelines

## DIGESTIVE SYSTEM

- Alcoholic Pancreatitis — (Chronic or recurrent)
- Crohn's Disease — (Present will not consider)
  - 1 attack and unoperated but recovered — 2-year clearance
  - 2 or more attacks/unoperated but recovered — 4-year clearance
  - 2 or more attacks/operated/recovered — 2-year clearance
- Cirrhosis or Fatty Liver
- Colon Polyps — (Present)
- Colostomy or Ileostomy
- Cystic Fibrosis
- Diverticulitis — (Present)
- Enlarged Liver
- Esophageal Varices
- Hepatitis — (Chronic or recurrent)
  - Hepatitis C — Always declined
  - Hepatitis A — Can consider with a 6-month clearance, no meds, and normal Liver Functions Test
  - Hepatitis B — Can consider with a 12-month clearance, no meds, and normal Liver Functions Test
- Gastric Bypass — (Declined unless 5-year clearance and stable weight for at least 12 months)
- Gluten Intolerance
- Ulcerative Colitis — (If surgically corrected, we can consider)

## MUSCULAR/SKELETAL

- Ankylosing Rheumatoid Spondylitis — (Inflammation of spine and large joints)
- Cerebral Palsy
- Muscular Dystrophy
- Myasthenia Gravis
- Osteomyelitis — (Present)
- Paget's Disease
- Paraplegic
- Parkinson's Disease
- Pathological Fractures
- Polymyalgia Rheumatica
- Psoriatic Arthritis
- Quadriplegic
- Rheumatoid Arthritis — (5-year clearance with no TX)
- Spina Bifida
- Tourette's Syndrome — (We can consider if under the age of 20 well adjusted, and no Obsessive Compulsive Disorder — must attend regular school)

## GENERAL IMPAIRMENTS

- Abnormal Lab Values with no etiology
- Assistive Devices — (Canes/walkers/etc.)
- Chronic Fatigue — (If present)
- Disabled
- DWI/DUI — First Offense — 2-year clearance. 2 or more — decline
- Epstein Barr Syndrome — (Present decline — 1-year clearance from recovery can consider)
- Lyme Disease — (1-year clearance — If given antibiotics before testing, will still require clearance)
- Nursing Home Confined
- Organ Transplant — Recipient
- Parotid Gland Removal within 3 years
- Pregnancy — (Current)
- Polyarteritis
- Protein C Deficiency
- Sarcoidosis — (Present or within 5 years)
- Sleep Apnea — (Decline unless surgically corrected and 1-year clearance)
- Spinal Meningitis — (6-month clearance from recovery)
- Workers' Comp Benefits — (If released from care, can consider — cannot consider if legal case is still pending)

## Riders

### 5) Review Common Riders and Types

If a client has a condition that increases risk, Golden Rule may rider this condition rather than decline coverage. Riders are common in the following situations:

**Asthma/Allergies** — This rider may exclude any outpatient diagnosis or treatment of allergies and asthma. This includes, but is not limited to, evaluation, testing, treatment, therapy, and medication therefore, and complications therefrom.

**Back Disorders** — Two separate riders may apply. One excludes coverage for any injury to, disease of, or disorder of the spinal column, including the vertebrae, intervertebral discs, spinal cord, nerves, surrounding ligaments and muscles, treatment or operation therefore and complications therefrom.

The other rider excludes loss as a result of outpatient diagnosis or treatment of any injury to, disease of, or disorder of the spinal column, including the vertebrae, intervertebral discs, surrounding ligaments and muscles. This includes, but is not limited to, office visits or outpatient consultations with a doctor, chiropractor, or other medical practitioner or medical professional, spinal adjustments, physical therapy, X-rays, and other diagnostic tests.

**Caesarean Sections** — This rider may exclude any expenses for childbirth by Caesarean section delivery or any complication therefrom.

**Cholesterol/Lipids** — This rider may exclude outpatient treatment for elevated cholesterol, hyperlipidemia, or hypertriglyceridemia, including testing, dietary counseling, office visits, and medication.

**Digestive Disorders** — This rider may exclude any disease or disorder of the digestive system, treatment or operation therefore and complications therefrom. The digestive system includes, but is not limited to, the esophagus, the intestines, the stomach, the liver, the pancreas, the gallbladder, the biliary ducts, and the rectum.

**Female Disorders** — This rider may exclude any disease or disorder of the genital tract or any complications therefrom or operation therefore. The major organs of the genital tract include the cervix, the uterus, the uterine tubes, and the ovaries.

**High Blood Pressure** — If well-controlled and the height and weight chart result is Preferred or Standard I, an increased deductible may be applied. If the height and weight chart result is Standard II and the applicant is under treatment for high blood pressure, the applicant is unacceptable for coverage.

**Immunotherapy** — This rider may exclude allergy testing or immunotherapy and the administration thereof.

Increased deductible due to High Blood Pressure — If there is well-controlled high blood pressure, an increased deductible rider may be added.

**Psychological/Psychiatric Disorders** — Two separate riders may apply, depending on the condition and severity. One rider excludes any outpatient diagnosis or treatment of psychiatric and/or psychological disorders. This includes, but is not limited to, evaluation and/or testing, treatment, counseling, therapy, and/or medication therefore and complications therefrom. The other rider excludes any treatment for any type of psychological or psychiatric disorder. This includes any treatment for substance abuse, treatment therefore and complications therefrom.

**Exclusion of the Prescription Card** — Medical history and/or prescription drug use prohibit the issuing of the prescription drug card.

## ***Underwriting Guidelines***

**The riders on the previous page may be applied in one of the following ways:**

**Increased Deductible** — In this case, the individual's deductible is increased for all conditions. Increased deductibles are often used for individuals with well-controlled high blood pressure.

An applicant with a history of hypertension, for example, may receive a rider that increases the deductible, for that individual only, by \$400. The premium remains the same. Although the individual has a higher deductible to meet, expenses for cardiovascular conditions, including expenses for hypertension, can be considered for reimbursement and would count toward the deductible.

**Temporary** — A temporary rider is placed for a specific period of time, usually one to two years (length may vary by state).

**Indefinite** — An indefinite rider excludes coverage for an indefinite period of time. This rider has no termination date.

Note: Riders may be reviewed for removal after the policy/certificate has been in force for 12 consecutive months.

Note: State variations may prevent underwriting from placing medical riders.

## **HIPAA (Health Insurance Portability and Accountability Act of 1996)**

This federal law provides some people — called federally eligible individuals (FEI) — with the right to obtain portability plans. Portability plans are either state-sponsored plans or health insurance from private insurers. In either case, a person entitled to a portability plan will be issued one without medical underwriting and without exclusions for preexisting conditions. In order to be eligible for a portability plan, a person must:\*

- Have had 18 months of continuous prior health insurance coverage.
- Have been most recently covered under a group health plan, governmental plan, or church plan.
- Have elected and exhausted COBRA or any applicable state continuation right.
- Not be eligible for any group health plan, Medicare, or Medicaid, nor have any other health insurance.

Portability plans for federally eligible individuals are written on a guarantee issue basis without preexisting condition exclusions. They are available in Arizona, Delaware, District of Columbia, Florida, Missouri, Nevada, North Carolina, Ohio, Tennessee, Virginia, and West Virginia.

**Much of the information contained in this Broker Guide does not apply to a Federally Eligible Individual (FEI).**

\*Requirements vary by state.

# List Bill

*This convenient option is available to groups of individual certificate holders who pay through a single payor. This is not group insurance. Each individual pays 100% of his or her own coverage. The single payor, such as an employer or other third party, is simply facilitating payment of each individual's personal health insurance.*

## List Bill Availability by State

See chart on page 37.

## Setting Up a List Bill Account (New Application)

**Clients who wish to list bill will need to meet the following requirements:**

- At least two certificates must be approved and billed on the same date to establish and maintain a list bill (not applicable in New Mexico).
- Each applicant must complete a health insurance application, check the list bill box in the billing section, and list the name of the third-party payor (the person or organization that will receive the list bill).
- A completed List Bill Application packet, including the signed List Bill Agreement, must be submitted with the health insurance application and premium payment.
- A \$25 monthly administration fee (a per list bill fee) must be included.

<b>Notice for Residents of Nebraska, Ohio, and West Virginia</b>		
In addition to the above instructions, each applicant must also read and sign a state-specific "Information Regarding Proposed Insured's Non-Employer-Provided Health Certification" for his or her state of residence.		
<b>State</b>	<b>Each Applicant Signs</b>	<b>See Form</b>
Nebraska	32153	NE
Ohio	32155	OH
West Virginia	32156	WV

## Additions to an Existing List Bill Account

Each additional applicant must submit a health insurance application and List Bill Payment Agreement. Please do not send in any money for additions. We will notify the third-party payor of payment due once coverage is issued. Each new application will be underwritten on an individual basis.

## Terminations

The third party cannot cancel an insured's coverage. However, the third party can stop facilitating payment for the coverage and notify us to bill the insured directly. We'll bill the insured directly each quarter.

## Premium Payments

The third party facilitating payment must issue one check for the total amount due on the list bill invoice, including the \$25 monthly administration fee.

**The modifications section of the invoice will show changes that result in premium adjustments.**

When we update or change products and procedures, you'll want to update your supplies. You have a number of options for submitting supply requests:

### ***Instant Supplies From E-Store***

Visit [www.goldenrulehealth.com/broker](http://www.goldenrulehealth.com/broker) for easy, instant access to up-to-date supplies. Visit the site to download PDF versions of:

- Applications.
- Brochures.
- Network Hospital Listing.
- Requirements for pending applications.
- Marketing materials.

#### **To access materials on E-Store:**

1. Go to [www.goldenrulehealth.com/broker](http://www.goldenrulehealth.com/broker) (our E-Store Web site).
2. Enter your broker number and password.
3. Select forms.
4. Choose a product.
5. Choose a marketing state.
6. Select any materials needed.
7. Select print.

*See page 9 for help in registering for E-Store.*

### ***Phone — Automated Mail Order***

Take advantage of the time-saving phone order system. Call **(800) 474-4467** and **press 4, then 1**. Enter your broker number and choose the materials you need.

### ***Broker Service Center***

If personal attention is required, a representative can assist. Call **(800) 474-4467**.

# ***Frequently Asked Questions and Answers***

## ***Appointment***

### **How do I obtain nonresident appointments?**

You will usually need to submit an application, a copy of your current nonresident license, and an appointment fee. Call (800) 474-4467 for assistance.

### **Where do I fax licensing information?**

Licensing information can be faxed to our Lawrenceville, IL, office at (618) 943-5239.

### **Must I carry Errors and Omissions insurance to be appointed with Golden Rule?**

No, it is not required, but we reserve the right to require it in the future.

## ***Marketing***

### **How do I obtain current information about Golden Rule plans?**

Go to [www.goldenrulehealth.com/broker](http://www.goldenrulehealth.com/broker) for the most current information.

### **Where can I find the latest forms (applications, brochures, etc.)?**

Go to [www.goldenrulehealth.com/broker](http://www.goldenrulehealth.com/broker) for the latest forms.

### **How do I know if my supplies are current?**

Get the latest supplies from our E-Store Web site. If you are still unsure if you have the correct supplies, call us at (800) 474-4467.

## ***New Business***

### **How do I prescreen a client's insurability?**

You will find information about this topic in this Broker Guide (see Underwriting Guidelines on page 24). If you can't find the answer you're looking for, please call Golden Rule at (800) 474-4467, Option 2.

### **Where do I fax applications?**

(317) 713-7875

## ***Billing***

### **Is premium required with the application?**

At least one month's premium is required with the application. Short Term applications require an additional \$20 nonrefundable fee.

### **What are the options for payment?**

For the first premium payment, Visa, MasterCard, check, Electronic Funds Transfer (EFT) via E-Store, or money order is accepted. For ongoing payments we can draw from a checking or savings account each month, or we can bill the client directly on a quarterly basis.

### **Why can't an employer pay for my client's premium?**

The insurance could be misconstrued as an employer group plan. That type of plan is subject to different federal and state legislation.

# Frequently Asked Questions and Answers

## **Why do you offer List Bill if an employer cannot pay for premiums?**

List Bill is simply a convenience for the employer or other third party to aid in collection and submission of employees' individual premiums to Golden Rule.

## ***Pending Applications***

### **How long does it take to underwrite an application?**

We process more than 92% of all applications in 10 days or less.\* It may take longer to underwrite an application with more complex medical history. Submitting applications through E-Store can speed up the process for you and your clients.

### **Where can I find the status of a pending application?**

Go to [www.goldenrulehealth.com/broker](http://www.goldenrulehealth.com/broker) to find the status of pending applications.

## ***Issued Applications***

### **How do I keep track of my clients' plans once they're issued?**

You will find updates on renewal rates, lapsed coverage, and commissions on the E-Store Web site.

### **How can I adjust my clients' deductibles?**

To raise a deductible, you may fax, mail, or call Golden Rule at (800) 474-4467 with the request. To lower a deductible, a new application is required.

## ***Commissions***

### **When and how are commissions paid?**

Commission checks are mailed on the fifth business day of the month or direct deposited on the seventh business day of the month.

### **Why did I get a chargeback for my renewal fee?**

To ensure your appointment stays active with Golden Rule, we automatically pay your state appointment fee for you. We then recover that fee from your earned commissions. In the event that commissions do not cover the entire fee, a chargeback may result.

### **How much commission must I earn before a 1099 form is sent out for the year?**

You must earn \$600 before a 1099 is sent.

### **How much commission must I earn monthly to be paid out?**

Commissions generally must be at least \$100 monthly in order to receive payment. Regardless, all earned commissions are paid out in January of the following year.

\*Actual 2007 underwriting results.

## ***Frequently Asked Questions and Answers***

### **Why can't I see the commissions paid to my entire agency?**

Each agency has its own commission structure. Check with your agency officer for more information.

### **How do I get my commissions direct deposited?**

Download an Electronic Direct Deposit form from [www.goldenrulehealth.com/broker](http://www.goldenrulehealth.com/broker) and complete it, then fax it to the Broker Service Center at (618) 943-5239. Please allow seven business days for processing. If you submit your form at least 10 business days before the end of the month, your direct deposit will be ready for the next commission run. Commissions will be direct deposited on the seventh business day of each month.

## ***Policy Maintenance***

### **Is there a limit to how many times a client can purchase a Short Term Medical<sup>SM</sup> plan?**

A person may have two Short Term Medical<sup>SM</sup> plans consecutively.

### **Where can I submit my suggestions or complaints about Golden Rule?**

Please contact us by fax, phone, or e-mail. Golden Rule is open to suggestions, and we are continuously working to improve our practices!

## ***Producer Compensation***

There are some new state laws that may require you to tell your clients how you are paid. Check with your state's department of insurance for more information. Remember, under our Rules and Regulations, you cannot collect both a commission from us and a fee from your client for the same business.

We value our good relationship with you. We believe a foundation of that good relationship is our joint commitment to ethical business practices.

## Frequently Asked Questions and Answers

<b>PRODUCTS OFFERED IN THE FOLLOWING STATES</b>				
Updated 03/25/08				
State	Individual Health Plans Available	Short Term Plans Available	Medicare Supplement Available	List Bill Available
AK	✓	✓	●	●
AL	✓	✓		●
AR	✓	✓	●	●
AZ	✓	✓		●
CO	✓	x	●	
CT <sup>1</sup>	x	x		●
DC	✓			●
DE <sup>1</sup>	x	x		
FL	✓	✓		●
GA <sup>1</sup>	x	x		●
IA	✓	✓	●	●
IL	✓	✓	●	●
IN	✓	✓	●	●
KS <sup>1</sup>	x	x		●
KY	x	x		●
LA <sup>1</sup>	x*	x*	●	
MD	✓	✓	●	
MI	✓	✓	●	
MO	✓	✓	●	●
MS	✓	✓	●	●
NC	✓	✓		
NE	✓	✓	●	●
NH		x		
NM <sup>1</sup>	x	x		●
NV	x			●
OH	✓	✓	●	●
OK	✓	✓	●	●
PA	✓	✓		●
SC	✓	x	●	●
SD	x	x		
TN	✓	✓	●	
TX	✓	✓	●	●
VA	✓	✓	●	●
WI	✓	✓		
WV	✓	✓	●	●
WY	x	x		●

Visit E-Store for current product brochures, applications, and rates.

✓ Plans offered only to members of FACT. FACT dues are applicable.

x True Individual plans offered. FACT membership not required and FACT dues are not applicable.

● Plans available.

\* In LA, United HealthCare Insurance Company is financially responsible; Golden Rule provides administration.

<sup>1</sup> Rating classes are Preferred, Standard, and Tobacco.



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A large, empty rectangular box with a thin grey border, intended for taking notes.

**Make sure you are using current brochures,  
applications, and rates for your state!**

**Visit our Web site:  
*[www.goldenrulehealth.com/broker](http://www.goldenrulehealth.com/broker)***

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**(800) 474-4467**