



Broker Guide

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

UnitedHealthcare[®]

Underwritten By Golden Rule



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

Plus you can also go to 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



Contents

- 4 **Why Choose Golden Rule?**
 - Strength of UnitedHealthcare
 - Product Leadership and Expertise
 - Service and Claims Satisfaction

- 5 **Broker Communication**
 - New Product Launches
 - Broker Training
 - Broker Feedback

- 6 **Broker Appointments**
 - Appointment Process
 - Nonresident Appointment
 - Appointment Renewals

- 7-15 **E-Store — Your Online Quoting and Application System**
 - E-Store Advantages
 - E-Store Broker Benefits
 - Grow Your Business Online
 - E-Store Training
 - How to Register for E-Store
 - E-Store Tools
 - How to Create a Quote and Initiate Online Applications
 - Link to E-Store From Your Web Site

- 16 **Quote Golden Rule Products**
 - Online Through E-Store
 - Rate Software
 - Broker Service Center
 - Options for Lowering Premiums
 - Products Offered

- 17-20 **Submit Applications**
 - E-Store Applications
 - Broker-Assisted Application
 - Client Application
 - Unique ID
 - Paper Applications
 - What to Expect When Submitting Applications
 - Tips for Faster Processing
 - FACT (if required)

- 21 **Methods of Payment for Renewable Individual Health**
 - Monthly
 - Quarterly
 - List Bill (Also see page 32)

- 22-31 **Underwriting Guidelines**
 - General Rules
 - Eligibility
 - Child(ren)-Only Coverage
 - Other Coverage
 - Foreign Residence and Travel
 - Avocations
 - Motorcycle
 - Networks
 - Premium
 - Details on Policy Offerings
 - Underwriting Information
 - Underwriting – Overview
 - Underwriting – Step by Step
 - Review Unacceptable Conditions
 - Review Common Riders and Types
 - HIPAA (Portability Plans)

- 32 **List Bill**
 - List Bill Availability by State
 - Setting Up a List Bill Account (New Application)
 - Additions to an Existing List Bill Account
 - Terminations
 - Premium Payments

- 33 **Obtain Supplies**
 - Instant Supplies From E-Store
 - Phone – Automated Mail Order
 - Broker Service Center

- 34-37 **Frequently Asked Questions and Answers**
 - Appointment
 - Marketing
 - New Business
 - Billing
 - Pending Applications
 - Issued Applications
 - Commissions
 - Policy Maintenance
 - Producer Compensation
 - Commission Changes
 - Products Offered by State

- 38-39 **Notes**

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

**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 (HSA), and how to quote & submit applications using E-Store. Put our resources to work for you. Go to 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 nonresident 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 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 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

*Not available in West Virginia.

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 (HSA). Put our resources to work for you. Go to 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 and click “Register Now.”

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A UnitedHealthcare Company 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](#)

Now offering PacifiCare products in California!

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

Now offering Golden Rule products in Wyoming!

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.

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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.*

NEW! 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

[New Client Quote](#) | [Client List](#) | [Services](#) | [Help](#) | [Home](#) | [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 New!
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 dropdown menu. The main form area contains the following fields:

- New Customer Information**
- First Name:** *
- Last Name:** *
- E-mail:**
- Lead Source:**

Below the fields is a note: "* required field". At the bottom of the form are three buttons: "Submit", "Submit And Add Another", and "Clear".

At the bottom of the page, there is a copyright notice: "Copyright© 2007 Golden Rule Insurance Company". Below that, 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 213 0128), or".

A callout box points to the "First Name" field, containing the following text:

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

3 Click “New Health Quote.”

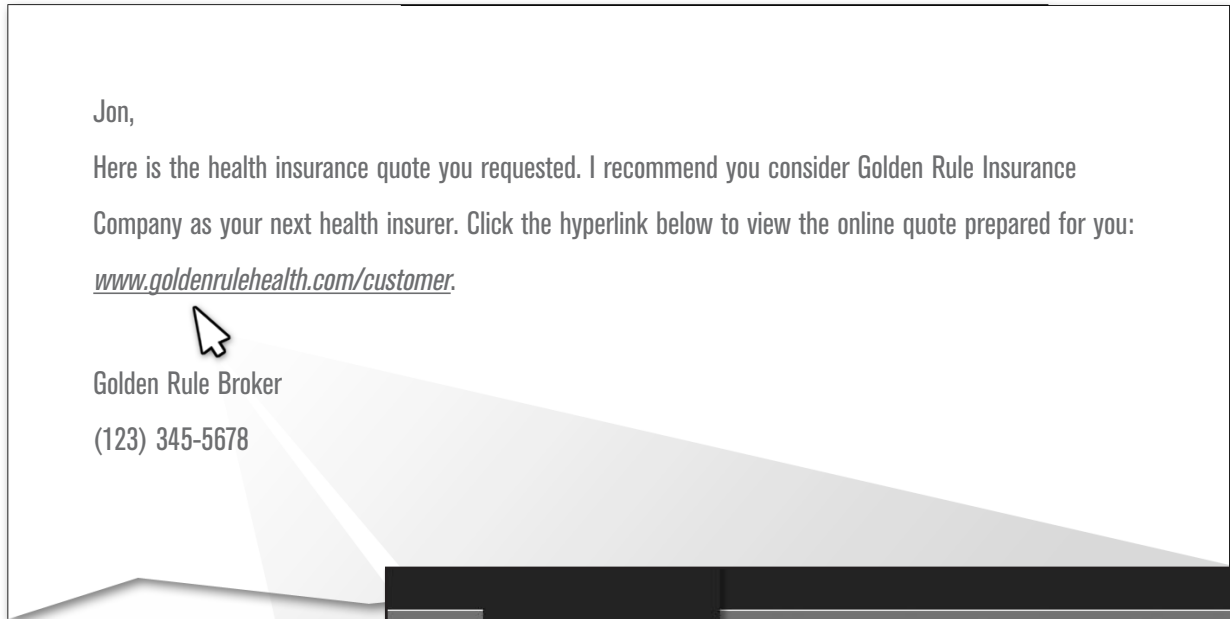
The screenshot shows the Golden Rule website interface. At the top left is the UnitedHealthcare logo. To its right is the Golden Rule contact information: 1234 TEST, INDPLS, IN 46278, Ph: 123-345-5678, and the text 'An independent insurance broker.' Further right is the Golden Rule logo with 'A UnitedHealthcare Company' and 'A Unit' below it. A navigation bar contains links for 'New Client Quote', 'Client List', 'Services', 'Help', 'Home', and 'Logout'. Below the navigation bar is a section titled 'Selected Customer's Quotes' with 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 highlights the 'Create New Quotes:' section, which contains two options: 'New Health Quote' and 'New Asset-Care Quote'. At the bottom, there is a copyright notice for 2007 Golden Rule Insurance Company and a list of products and their respective state authorities.

4 You will have two options: a “Customized Quote” or a “Self-Service Quote.”

The screenshot shows the Golden Rule website interface, similar to the previous one. The navigation bar and contact information are the same. The main heading is 'New Health Quote -- Select quote method'. Below this heading are 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' and 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 for 2007 Golden Rule Insurance Company and a list of products and their respective state authorities.

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

[New Client Quote](#) | [Client List](#) | [Services](#) | [Help](#) | [Home](#) | [Logout](#)

New Health Quote Summary

Please select one of the following two methods:

Send E-mail: Send an E-mail message with hyperlink to your customer to view the quote that you created for them. Sample of Your E-mail Unique ID: 4164 How to use the Unique ID Send E-mail	Verify Plan & Begin Client Application: 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) Verify Plan & Apply	Summary: Applicant Effective Date: 2/1/2008 Products: HSA Saver Change Quote? E-mail Address: Tammy.V Change Client Info? EOSTEPHENS@GOLDEN Quote Calculator View & Print Quote
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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.

The screenshot shows the 'Review & Compare Quoted Plans' page. At the top, the UnitedHealthcare logo is on the left, and the Golden Rule logo with 'Pa' is on the right. Contact information for Golden Rule (1234 TEST, INDPLS, IN 46278, Ph: 123-345-5678) is displayed. The main content area includes a 'Review & Compare Quoted Plans' heading, a 'Click View Benefits & Apply when you find the best plan for your needs.' instruction, and a 'Returnin' link. A sidebar on the left contains links for 'About the UnitedHealthcare Family of Businesses', 'Important Consumer Information', and 'Privacy Policy', along with a VeriSign Secured logo. The main form displays the following details:

Requested Effective Date	2/1/2008
Plan	HSA Saver®
	View Benefits and apply
Deductible	\$5,000
Maximum Family Deductible	One deductible per family per calendar year
Coinsurance	100%
Estimated	\$96.33

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.



The screenshot shows the 'Health Insurance for individuals and families!' page. At the top, the UnitedHealthcare logo is on the left, and the Golden Rule logo with 'Pacifi' is on the right. Contact information for Golden Rule (1234 TEST, INDPLS, IN 46278, Ph: 123-345-5678) is displayed. The main content area includes a 'Health Insurance for individuals and families!' heading, a 'Get a quote, compare health plans, and even apply on-line!' instruction, and a 'In just a few easy steps you can find out if one of our plans meets your needs and budget.' instruction. A 'Step 1: Enter Zip Code' section contains a 'Zip Code: [input]*' field and a 'Get Quotes' button. A 'Returning Customers' section contains a 'Has a quote been created for you?' and a 'Have you been assisted in creating your appli' link. A sidebar on the left contains links for 'About the UnitedHealthcare Family of Businesses', 'Important Consumer Information', and 'Privacy Policy', along with a VeriSign Secured logo. The footer contains the text: 'This site is designed to be used with Internet Explorer. Use of other browsers may cause a loss of some functionality. Copyright© 2007 Golden Rule Insurance Company'.

Quote Golden Rule Products

Online Through E-Store

Using E-Store at 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 online. 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 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 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 Colorado, Georgia, 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 (add the rate-up for motorcycle, if appropriate).
- 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 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, and 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 (our Web site), 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 for payment option form downloads. Click on [Services](#) first and [Forms](#) next.

*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.

Child(ren)-Only Coverage includes a \$5 monthly administrative fee (one monthly fee regardless of the number of children) and can cover dependent children only through age 17. At age 18, individuals are no longer eligible for "a child(ren)-only" policy.

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. There is a 20% rate-up for each applicant who has driven a motorcycle in the last 24 months. To provide your client with a more complete quote, add 20% to the base rate.

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.

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.

*State variations may prevent the rating for motorcycle use. Exclusion riders will be placed where the rating is prohibited.

**Subject to address change or benefit change.

***Not including Short Term MedicalSM application fee.

Underwriting Guidelines

Underwriting Guidelines

Overview

Insurable applicants will be issued in one of the following three rating classes:

Preferred — for applicants who are generally healthy and have healthy lifestyles. Preferred rates are the lowest among the rating classes.

Standard I — applicants who fall just outside the Preferred build ranges or who have ongoing medical conditions.

Standard II — for applicants who do not qualify for Preferred or Standard I rates. Standard II rates are higher than Standard I rates.

Two criteria determine your client's rating class:

- Build — as reflected in the height and weight chart on the following page, and
- Health — medical conditions may shift an individual out of the class indicated by height and weight charts.

Tobacco use (including smokeless tobacco) during the 12 months prior to submitting an application results in a *surcharge* regardless of rating class (see chart below).

Motorcycling results in a 20% (of base rate) *surcharge* regardless of rating class.

Children:

- Under age 18 receive a "child rate" based on age.
- 18 and older rated as an adult of the same age.
- Child(ren)-Only Coverage includes a \$5 monthly administrative fee (one monthly fee regardless of the number of children) if primary insured is less than 18 years old. See Child(ren)-Only Coverage on page 22.

Step by Step

- 1) Use *height* and *weight* chart to determine your client's initial class.
 - a. Height assumes client is wearing 1/2" heel shoes.
 - b. Weight assumes client is fully clothed.
 - c. Depending on height and weight results, more medical data may be requested.
 - d. Individuals outside of the listed height and weight ranges will be denied coverage.
 - e. Health conditions in addition to height and weight are also considered.
- 2) Has your client used *tobacco products* (includes smokeless tobacco) within the past 12 months? If yes, surcharge applies.

Relative Tobacco Surcharge Based on Issue Age & Rate Class			
Issue Age	Preferred	Standard I	Standard II
Under 40	1.20	1.35	1.60
40-54	1.30	1.55	1.80
55+	1.50	1.65	1.90

Please note: Tobacco surcharge is included in rate calculation as tobacco is selected. Motorcycle surcharge is **not** included in the calculation.

Underwriting Guidelines

P PREFERRED Height/Weight			S1 STANDARD I Height/Weight						S2 STANDARD II Height/Weight		
Height	Female	Male	Height	Female		Male		Height	Female	Male	
4' 6"	74 - 111		4' 6"	64 - 73	or	112 - 131		4' 6"	132 - 152		
4' 7"	77 - 115		4' 7"	67 - 76	or	116 - 136		4' 7"	137 - 158		
4' 8"	80 - 119		4' 8"	69 - 79	or	120 - 141		4' 8"	142 - 164		
4' 9"	83 - 124		4' 9"	71 - 82	or	125 - 147		4' 9"	148 - 170		
4' 10"	86 - 128	91 - 133	4' 10"	74 - 85	or	129 - 152	81 - 90	or	134 - 157	158 - 180	
4' 11"	89 - 132	94 - 137	4' 11"	77 - 88	or	133 - 157	84 - 93	or	138 - 162	163 - 187	
5' 0"	92 - 137	97 - 142	5' 0"	79 - 91	or	138 - 163	87 - 96	or	143 - 168	169 - 193	
5' 1"	95 - 142	100 - 147	5' 1"	82 - 94	or	143 - 168	90 - 99	or	148 - 173	174 - 200	
5' 2"	98 - 146	104 - 152	5' 2"	85 - 97	or	147 - 174	93 - 103	or	153 - 179	180 - 206	
5' 3"	101 - 151	107 - 157	5' 3"	87 - 100	or	152 - 179	96 - 106	or	158 - 185	186 - 213	
5' 4"	105 - 156	110 - 162	5' 4"	90 - 104	or	157 - 185	99 - 109	or	163 - 191	192 - 220	
5' 5"	108 - 161	114 - 167	5' 5"	93 - 107	or	162 - 191	102 - 113	or	168 - 197	198 - 227	
5' 6"	111 - 166	117 - 172	5' 6"	96 - 110	or	167 - 197	105 - 116	or	173 - 203	204 - 234	
5' 7"	115 - 171	121 - 177	5' 7"	99 - 114	or	172 - 203	108 - 120	or	178 - 209	210 - 241	
5' 8"	118 - 176	125 - 183	5' 8"	102 - 117	or	177 - 209	112 - 124	or	184 - 216	217 - 248	
5' 9"	122 - 181	128 - 188	5' 9"	105 - 121	or	182 - 215	115 - 127	or	189 - 222	223 - 256	
5' 10"	125 - 187	132 - 194	5' 10"	108 - 124	or	188 - 222	118 - 131	or	195 - 229	230 - 263	
5' 11"	129 - 192	136 - 199	5' 11"	111 - 128	or	193 - 228	122 - 135	or	200 - 235	236 - 271	
6' 0"	132 - 198	140 - 205	6' 0"	114 - 131	or	199 - 234	125 - 139	or	206 - 242	243 - 279	
6' 1"	136 - 203	144 - 211	6' 1"	117 - 135	or	204 - 241	129 - 143	or	212 - 249	250 - 286	
6' 2"	140 - 209	148 - 217	6' 2"	120 - 139	or	210 - 248	132 - 147	or	218 - 255	256 - 294	
6' 3"	144 - 215	152 - 223	6' 3"	124 - 143	or	216 - 254	136 - 151	or	224 - 262	263 - 302	
6' 4"	148 - 220	156 - 229	6' 4"	127 - 147	or	221 - 261	139 - 155	or	230 - 270	271 - 311	
6' 5"	151 - 226	160 - 235	6' 5"	130 - 150	or	227 - 268	143 - 159	or	236 - 277	278 - 319	
6' 6"	155 - 232	164 - 241	6' 6"	134 - 154	or	233 - 275	147 - 163	or	242 - 284	285 - 327	
6' 7"	159 - 238	168 - 247	6' 7"	137 - 158	or	239 - 282	151 - 167	or	248 - 291	292 - 336	
6' 8"	164 - 244	173 - 253	6' 8"	141 - 163	or	245 - 290	154 - 172	or	254 - 299	300 - 344	
6' 9"	168 - 250	177 - 260	6' 9"	144 - 167	or	251 - 297	158 - 176	or	261 - 306	307 - 353	
6' 10"	172 - 257	181 - 266	6' 10"	148 - 171	or	258 - 304	162 - 180	or	267 - 314	315 - 362	
6' 11"	176 - 263	186 - 273	6' 11"	152 - 175	or	264 - 312	166 - 185	or	274 - 322	323 - 371	
7' 0"	180 - 269	190 - 279	7' 0"	155 - 179	or	270 - 319	170 - 189	or	280 - 329	330 - 380	

- 3) **Conditions** that disqualify an individual for the Preferred class include:
- Over or under Preferred class *height* and *weight* chart guidelines.
 - History of high blood pressure.
 - Medical exclusionary rider — whether temporary or permanent (does not include riders for minor conditions, previous C-section, avocation riders, or one-year duration riders). See page 29.
- 4) Review Unacceptable Conditions that may indicate a client is uninsurable (pages 26-28).

Golden Rule reserves the right to adjust an individual's rating class based upon underwriting discovery.

C CHILDREN Height/Weight					
Height	Age	Min - Max	Height	Age	Min - Max
2'6"	2	22 - 36	4'5"	6-12	54 - 102
2'7"	2	23 - 37	4'6"	6-13	56 - 105
2'8"	2-3	23 - 39	4'7"	6-13	58 - 110
2'9"	2-3	24 - 42	4'8"	6-17	61 - 116
2'10"	2-3	24 - 44	4'9"	7-17	63 - 120
2'11"	2-3	25 - 46	4'10"	7-17	66 - 126
3'0"	2-4	26 - 48	4'11"	7-17	73 - 132
3'1"	2-4	26 - 50	5'0"	7-17	77 - 140
3'2"	2-5	27 - 53	5'1"	7-17	81 - 146
3'3"	2-5	28 - 54	5'2"	7-17	85 - 153
3'4"	2-6	29 - 56	5'3"	8-17	89 - 162
3'5"	3-6	30 - 59	5'4"	8-17	94 - 171
3'6"	3-7	31 - 60	5'5"	8-17	97 - 183
3'7"	3-7	33 - 63	5'6"	9-17	100 - 188
3'8"	3-8	34 - 66	5'7"	9-17	102 - 194
3'9"	4-8	36 - 69	5'8"	9-17	105 - 198
3'10"	4-9	38 - 72	5'9"	10-17	108 - 204
3'11"	4-9	39 - 76	5'10"	10-17	111 - 218
4'0"	4-10	41 - 79	5'11"	11-17	114 - 233
4'1"	5-10	43 - 83	6'0"	11-17	118 - 246
4'2"	5-11	45 - 87	6'1"	12-17	121 - 253
4'3"	5-11	48 - 92	6'2"	12-17	124 - 261
4'4"	5-12	51 - 96	6'3"	13-17	127 - 268

Underwriting Guidelines

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.

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)	Hemorrhagic Diathesis – (Hemophilia)
Angina	High Blood Pressure – (If present and Standard II build)
Angioplasty	Intermittent Claudication – (Narrowing of leg arteries Ischemia)
Aortic Stenosis	ITP – (Idiopathic Thrombocytopenia)
Aplastic Anemia	Kawasaki Disease – (Present or within 6 months of recovery)
Arterial Blockage – (Anywhere in the body)	Left Bundle Branch Blockage (LBBB)
Arteriosclerosis	Lown-Ganong-Levine Syndrome – (If symptomatic)
Atrial Fibrillation – (2-year clearance)	Mitral Insufficiency
AV Malformations	Mitral Regurgitation – (Trace or Trivial Regurgitation is considered with MVP)
Bicuspid Aortic Valve	Mitral Stenosis
Bradycardia – (Heart rate under 45)	Myocarditis – (Within 6 months)
Bruits – Present (Sounds of turbulent blood flow)	Obstructive or Stenotic Murmurs
Buerger's Disease ¹	Pacemaker
Cardiac Defibrillator Implanted	Pericarditis – (If Viral, 2-year clearance. If due to Heart/Lung problems or multiple attacks, would be declined)
Cardiac Hypertrophy	Peripheral Vascular Disease
Cardiomyopathy	Pulmonary Hypertension
Cerebral Hemorrhage	Pulmonary Stenosis
Congenital Defects ²	Raynaud's Disease
Congestive Heart Failure (CHF)	Rheumatic Heart Disease
Corarctation of Aorta	Sick Sinus Syndrome
Coronary Artery Disease (CAD)	Sickle Cell Anemia
Coronary Bypass	Stroke
Coronary Insufficiency	Tachybrady Syndrome
Coronary Occlusion	Tetralogy of Fallot ³
Coronary Spasms	Thalessemia Major
Coronary Thrombosis	Transient Ischemia Attacks (TIA)
Cytomegalovirus – (CMV) – (If present)	Transposition of the Great Arteries
Deep Vein Thrombosis – (Still on blood thinners)	Valve Replacements
Diastolic Murmurs or Systolic Murmurs Grade 3-6	Ventricular Contractions
Ejection Fraction of less than 50%	Ventricular Fibrillation
Enderterectomy	Ventricular Paroxysmal Tachycardia
Endocarditis – (Within 5 years)	Von Willebrand's Disease – (If present)
Heart Attack – (Myocardial Infarction)	Wolfe-Parkinson-White Syndrome – (If symptomatic)
Heart Bypass Surgery	
Hemochromatosis	

¹ Obstruction of small and medium arteries and veins by inflammation triggered by smoking.

² 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.

³ 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.

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

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)⁴
 - Colon Cancer – (5-year clearance)
 - Giant Cell Carcinoma
 - Hodgkin's Disease
 - Kidney Cancer – (5-year clearance)
 - Leukemia
 - Leukoplakia
 - Lymphoblastoma
 - Lymphocytic Interstitial Pneumocystitis
 - Lymphoma
 - 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

Underwriting Guidelines

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)

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)
- Worker's Comp Benefits – (If released from care can consider – cannot consider if legal case is still pending)

Riders

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.

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.

Notice for Residents of Nebraska, Ohio, and West Virginia

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.

State	Each Applicant Signs	See Form
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 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 (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 for the most current information.

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

Go to 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 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 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 MedicalSM plan?

A person may have two Short Term MedicalSM 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.

Commission Changes

Please note that we recently added an additional health class. However, all commissions are based upon the Standard I classification.

Frequently Asked Questions and Answers

PRODUCTS OFFERED IN THE FOLLOWING STATES				
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 ¹	X	X		●
DC	✓			●
DE ¹	X	X		
FL	✓	✓		●
GA ¹	X	X		●
IA	✓	✓	●	●
IL	✓	✓	●	●
IN	✓	✓	●	●
KS ¹	X	X		●
KY	X	X		
LA ¹	X*	X*	●	
MD	✓	✓	●	
MI	✓	✓	●	
MO	✓	✓	●	●
MS	✓	✓	●	●
NC	✓	✓		
NE	✓	✓	●	●
NH		X		
NM ¹	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.

¹ Rating classes are Preferred, Standard, and Tobacco.

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

**Visit our Web site:
*www.goldenrulehealth.com/broker***

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(800) 474-4467