

# Underwriting FAQ's



## GENERAL APPLICATION QUESTIONS

**Q: How far in advance can an application be written?**

**A:** Applications are valid for 30 days after the application signed date and must be received within this time period. The effective date for any policy can be up to 60 days from the date the application was signed.

**Q: Are all applications received processed on a first come, first serve basis?**

**A:** Bankers Fidelity's standard is to underwrite applications in the order in which they are received. However, during certain time periods, such as the end of the month and at times during the Medicare Supplement Annual Enrollment Period, the processing priority shifts to the effective date of the policy.

*For example, if one application is submitted with an effective date of August 1 and another application is submitted with an effective date of August 15, the application with the August 1 effective date will receive priority. Because of this, the Underwriting Department requests that applications be submitted at least 30 days from the effective date during these time periods in order to allow sufficient time to process them.*

**Q: How long does it take for an application to be processed?**

**A:** The standard turnaround time for an Underwritten application that is in good order is 3-5 business days. The standard turnaround time for Open Enrollment and Guarantee Issue applications that are in good order is 48 hours.

*For an application to be in good order, it needs to have all the required forms necessary for the application and submission. A properly-completed application must have all questions answered and include all required information such as height, weight, and medications. The application needs to be signed and should include all forms that are notated on page 8 of the Field Agent's Underwriting Guide.*

**Q: Would an Under 65 Medicare Supplement applicant complete the same application as applicants that are 65 and older?**

**A:** Under 65 applicants will need to complete the application specified for that product, which is usually a different application than the one being used for applicants age 65 and older. Agents should order the application through the online ordering system on ADDS<sup>®</sup>; they cannot be submitted electronically.

**Q: How should the premium mode be filled out on the application?**

**A:** Premium mode should be filled out according to the applicant's desired frequency. The initial premium may be paid by credit/debit card, draft, or check and does not need to match the same payment method for the recurring payments.

**Q: How is the Medicare Claim Number filled out if Medicare has not sent it yet?**

**A:** If an applicant has not yet been issued a Medicare Beneficiary identifier number, then the section on the application requesting the number should be left blank. Agents should include a note on the cover page indicating they have applied, but not yet received, their new number. If an applicant is an existing Medicare beneficiary and is waiting to receive their new Medicare number, they can use their current Medicare number.

**Q: What is the difference between individual and family billing?**

**A:** Individual billing is used when only one policy is going to be drafted from or charged to an account or billed on an invoice. Family billing is used if two or more policies are going to be drafted from or charged to the same account, or billed on the same invoice to a single address.



## CLIENT QUALIFICATIONS

**Q: When does a client qualify for Guarantee Issue (GI)?**

**A:** There are several scenarios that fall under the 63-day Guarantee Issue provision. These may be found in the *Field Agent's Underwriting Guide* and the current *Choosing a Medigap Policy* booklet from Centers for Medicare and Medicaid Services (CMS). Both of these guides can be found in the ADDS® Library.

**Q: How does a client qualify for Preferred vs. Standard?**

**A:** Medicare Supplement applicants who qualify for Open Enrollment or Guaranteed Issue will automatically be given Preferred rates. For Underwritten applications, this is determined by height and weight, health conditions, prescriptions, and tobacco use. For the Preferred rate, applicants must meet more rigorous height and weight limits and cannot take any medications found on the list of disqualifying medications in the *Field Agent's Underwriting Guide*. We have the ability to offer Standard rates for some individuals that do not qualify under the Preferred health questions (height and weight limits and medications). Tobacco users who are not qualified for Open Enrollment or Guaranteed Issue must submit their application under the Standard underwriting class.

**Q: Which medication combinations are disqualifying?**

**A:** There are a number of conditions that are considered uninsurable. These can be found on page 9 of the *Field Agent's Underwriting Guide*.

**Q: Are certain condition combinations disqualifying (such as diabetes with neuropathy)?**

**A:** Currently, the only disqualifying condition combination is tobacco usage in conjunction with asthma.

**Q: What qualifies as major depression?**

**A:** Major depression is a diagnosis that can only come from a qualified professional in the medical field and is distinct in diagnosis.



## MISCELLANEOUS

**Q: How do I know if my client is within their Open Enrollment Period?**

**A:** Generally, a client's 6-month Open Enrollment period begins on the first day of the month in which the individual is both age 65 or older and enrolled in Medicare Part B.

**Q: Are telephone interviews (PHIs) required? Can they be completed at the point-of-sale (POS)?**

**A:** For Medicare Supplement, Vantage Flex 65®, and Cancer Care solution products, applications are selected randomly for telephone interviews and will be ordered by the Underwriting Department. For Life products and the Short-Term Care product, telephone interviews will be required for all submitted applications and are permitted to be executed at POS, if preferred. Refer to the *Field Agent's Underwriting Guide* for additional information about the telephone interview process.

**Q: How often does ExamOne® call once a PHI is ordered? Do they leave voicemails?**

**A:** ExamOne will make calls every day for one week after the application is submitted and will alternate the hour that they call. On Days 7-14, ExamOne will make calls every other day. After 30 days, if ExamOne has not completed the telephone interview, the order will close and the application will be withdrawn.

**Q: What if an applicant has been hospitalized two or more times for the same condition? Does this still need to be disclosed?**

**A:** Each hospitalization, whether it is multiple hospitalizations for the same condition or for different conditions, is considered separate hospitalizations and should be disclosed as such on the application.

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