

If your client is eligible for guaranteed issue based on one of the criteria shown below, **you must submit the acceptable proof of eligibility with the application.**

Missouri Guaranteed Issue Checklist	Plans Available (if offered)
<input type="checkbox"/> The individual is enrolled under an employee welfare benefit plan that provides health benefits that supplement the benefits under Medicare; and the plan terminates, or the plan ceases to provide all such supplemental health benefits to the individual or the individual leaves the plan , whether the plan is primary or secondary with Medicare. <u>Acceptable Proof:</u> A copy of the personalized Certificate of Creditable Coverage or letter from the employer for all individuals covered.	A, B, C or F
<input type="checkbox"/> Enrolled in a Medicare Advantage plan or the individual is 65 years of age or older and is enrolled in a Program of All-Inclusive Care for the Elderly (PACE), or is enrolled in a Medicare risk contract, health care prepayment plan, cost contract or Medicare Select plan, or similar organization, and the organization's certification or plan is terminated or discontinues including, but not limited to, a change in residence of the individual, the plan is terminated within a residence area, the organization substantially violated a material policy provision, or a material misrepresentation was made to the individual. <u>Acceptable Proof:</u> A copy of the personalized letter from the Medicare Advantage Company indicating they are leaving the Medicare program, or the plan will no longer service the area/region, or the person has moved outside of the coverage area. A copy of the report from the state's Department of Insurance documenting a violation or misrepresentation.	A, B, C, or F
<input type="checkbox"/> Upon first becoming eligible for benefits under Part A at age 65, enrolls in a Medicare Advantage or PACE provider and then disenrolls within 12 months of enrollment. <u>Acceptable Proof:</u> A copy of the personalized disenrollment letter from the Medicare Advantage Company <u>and</u> a copy of the ID Card or other personalized document showing the effective date of the plan.	Any plan sold by the company in the residence state.
<input type="checkbox"/> Enrolled under a Medicare Supplement policy, terminates and enrolls for the first time in a Medicare Advantage, a risk or cost contract, a Medicare Select plan, or a PACE provider, and then the insured person terminates coverage within 12 months of enrollment. <u>Please note: the client must go back to their previous Medicare Supplement carrier as guaranteed issue, if the plan is still available.</u> <u>Acceptable proof:</u> A copy of the Policy Schedule Page or ID Card, or other documentation for the previous Medicare Supplement provider that includes the effective date, plan and termination date <u>and</u> a copy of the personalized disenrollment letter from the Medicare Advantage provider. (If the disenrollment letter doesn't include the effective date, please provide a copy of the ID card.)	A, B, C or F (if previous carrier no longer issues coverage)
<input type="checkbox"/> Enrolled in a Medicare Supplement policy and coverage discontinues due to insolvency, substantial violation of a material policy provision, or material marketing misrepresentation. <u>Acceptable Proof:</u> A copy of the report from the state's Department of Insurance documenting the violation or misrepresentation.	A, B, C or F

Missouri Annual Anniversary Rule

- Enrolled in a Medicare Supplement policy and the individual is adhering to the Missouri Annual Anniversary Rule (refer to New Business and Underwriting Guide for details). Only applicable to those replacing an "Individual" Medicare supplement plan – see above for all other GI scenarios. **NOTE:** Everest has discontinued "same to lesser plan" applications effective June 30, 2018. **Everest reserves the right to modify its administrative position at any time.**

Insured's Current Plan:

Plan A
Plan C
Plan D
Plan F
Plan G
Plan N
Plan E, H, I J, High Deductible J
All other plans

Plan Available to the Insured:

Plan A
Plan C
Plan D
Plan F
Plan G
Plan N
Plan A or C or F
No Plan Available

Acceptable Proof: The current carrier policy schedule page containing the policyholder name, plan and policy effective date. If the current plan schedule page is more than 2 years ago, we will also need proof showing the current paid to date of the policy (refer to New Business and Underwriting Guide for details).