





For Agent Use Only SB-121

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Introduction

Access to long term care insurance is more than a "nice to have," it's simply business—good business.



Employers and associations alike are seeking a solution to the looming problem of long term care for their employees/ members.

More and more people are purchasing long term care insurance at a younger age, and the multi-life market provides access to these consumers.

While the multi-life market is growing steadily, it's not surprising that the long term care market, in general, is undersold. Traditional reimbursement products have not been well received by consumers who perceive LTCi to be too complex and confusing. MedAmerica made history with its breakthrough product, CareDirections Simplicity[®], currently the highest-rated LTCi product on the market today (SellingLTC.com). Based on 18 years of experience and a keen understanding of consumer needs, Simplicity offers what no other LTCi product can—*cash*, *not confusion* plain and simple.

Consumers view this product design as much more relevant to their financial and insurance needs than older plans that focus on reimbursement of nursing home expenses.

Only MedAmerica offers your customers a simple solution to long term care.



Simplicity is designed to be a tax-qualified individual insurance product. Individual state regulations apply to multi-state cases. This Resource Guide is provided as a tool to assist you in developing your business opportunities in the high potential multi-life market. We are eager to help you. If there is any way we can be of further assistance, please contact your MedAmerica sales representative.

As you will see, Simplicity's revolutionary product design makes selling so simple, you will be able to build a sustainable business in a short time. You, too, will be part of an industry revolution making LTCi easy to sell and easy to buy. With a strong product so simple to comprehend, your clients will see the merits of LTCi as simply good business.

Selling Made Simple

Opportunities Come in All Sizes

For the small business, the large corporation, the local chamber of commerce, or virtually any group you can think of, MedAmerica's 360° Selling program offers a long term care insurance plan that will fit. Our new Simplicity product has been designed with a variety of benefit, underwriting, and discount options to give you maximum flexibility to meet your prospect's need for a quality, affordable LTCi program.



Competitive Advantages

Agents and multi-life prospects get hooked on Simplicity because no other LTC insurance product can deliver these advantages:

- The simple design and straightforward contract language makes it easier to sell to the employer and employees. They view the product as much more relevant to their financial and insurance needs.
- Easier to show how a cash benefit can supplement the gap in employees' health care coverage.
- Ideal for the worksite because time with employees is limited. The agent can make productive use of the time without needing to explain complex contract language and definitions of types of care covered.
- Cash benefit eliminates the sales barrier of employees concerned with changes in the types of long term care services that will evolve by the time they need care. Cash will provide maximum flexibility today and 30 years from now.
- Cash benefit provides an improved cash flow versus a reimbursement product. Total monthly benefit is available on a pre-paid basis, regardless of qualified expenses.
- Premium rates are very competitively priced versus reimbursement products.
- Highest employer discounts.
- Higher maximum discounts.

- Relatively low, straightforward minimum participation requirements.
- Competitive Simplified Issue Underwriting.
- Higher plan design limits.
- Turnkey employee education that focuses on contemporary issues.
- Hassle-free billing. MedAmerica currently bills over 400 group accounts, accommodating various payroll systems and frequencies with both electronic files and paper bills.

SECTION 2: Prospecting—Identifying Quality Employer Cases

By the end of 2002, more than 1.6 million LTC insurance policies had been sold through more than 5,675 employers.¹ The employer market continues on the upswing, presenting an opportunity for our agents who can identify and sell the right prospects.

The following section will provide useful insight in the development of a plan that will maximize your success. The first step for a successful case is to give careful consideration to the quality of the prospective client. Below are examples of business prospects that you can target when developing your sales plan.

(+) Desirable Business Prospects

Businesses which may qualify for MedAmerica's Simply Business Programs include, but are not limited to:

- Privately held Small Businesses
- Law and Accounting Firms
- Physician Offices
- Insurance Companies
- Banks and Financial Institutions
- School Districts
- Colleges, Universities
- Technology Companies

Less Desirable Business Prospects

In general, the following businesses are not eligible on a voluntary plan basis:

- Casinos
- Retail
- Textile and Manufacturing
- Special Trade Contractors
- Food Service
- Charitable Organizations
- Religious Organizations

¹ Long-Term Care Insurance in 2000 - 2001, HIAA, January 2003

Attractive Employer Characteristics +

- Stable Workforce
- Stable Core Benefits Program
- Currently offer generous
- benefit programs No prior LTCi offering
- Offer other Executive
- benefits
- In industry with competitive labor market
- Success with other voluntary programs (i.e., high percentage in 401(k)s)
- Willingness to contribute towards premium (executives, officers, all employees, employees based on age and/or years of service)
- Few locations
- Strong internal communication program
- Access to management prior to rollout of LTCi to all employees

- Willingness to support enrollment and communications
- Centralized Human **Resources and Payroll** departments
- Commitment to offer payroll deduction
- Commitment to offer LTCi as a stand-alone product during the initial open enrollment

Attractive Employee Characteristics +

Employees who have the following characteristics have been found to be the most successful LTCi candidates:

- Average age over 40 Average annual income
- over \$40,000
- High percentage of white collar vs. blue collar
- High percentage of females
- At least 80% participate in 401(k) or comparable programs
- Strong loyalty to company

Other Considerations >)

- · Employer commitment to the Ability to manage enrollment offering
 - activity vs. assistance being required to develop and execute an enrollment strategy
- Agent Licensing—How many locations and states?

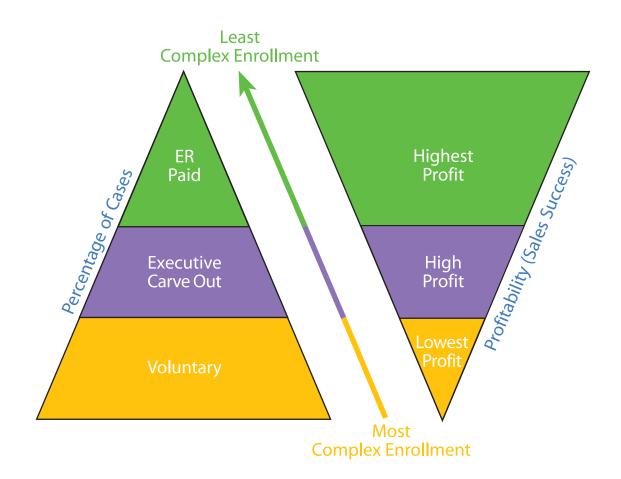
Sales Strategy

Where do you want to focus?

Employer-paid cases will yield the highest premiums and therefore, the highest commission. However, due to the rising cost of employee benefits in general, employer-paid LTC cases are relatively rare. If you have an employer that shows some interest in funding a portion of the premium, try suggesting a modest base plan, a percentage of premium contribution, or a plan based on age and/or years of service to get employees started. These options are very affordable.

If the employer's budget doesn't allow a subsidized plan for

everyone, you can suggest a carve-out program for key executives only. This guarantees you some premium volume for your efforts. Finally, you can offer a voluntary program which will cost the employer nothing and give you access to all employees and their family members.



Design Considerations

Whatever your client's business objectives, MedAmerica has a plan that can be designed to fit their needs.

Employer-Paid Program

- Premium revenue is known up front
- Highest profitability (marketing expenses vs. premium revenue)
- Higher percentage of voluntary buy-ups
- Employer tax advantages
- No imputed income to employees and benefits are tax-free
- Reduced underwriting available (10 or more covered employees)
- Low cost compared to other employer funded products (i.e., health)
- Flexibility for employer pay with defined benefit or defined contribution
- Billing systems accommodate a variety of employer customizing options

Options for Employer-Paid

- 100% employer-paid Base Plan for all employees
- 100% employer-paid Base
 Plan for employees based on age and/or years of service
- Defined benefit contribution for employees that purchase a certain amount of coverage
- Percentage contribution (e.g., 50% match)
- Pre-determined dollar amount contribution

Executive Carve-out Program

- Premium revenue is known up front
- High profitability (marketing expenses vs. premium revenue)
- Executive support to maximize voluntary employee offering
- Employer tax advantages
- No imputed income to employees and benefits are tax-free
- Reduced underwriting (10 or more covered employees)
- Less costly alternative to other executive benefits
- Regulations allow for selection of specific classes with no discrimination rules
- Flexibility for employer to pay with defined benefit or defined contribution
- MedAmerica billing systems accommodate a variety of customized employer options

Options for Executive Carve-out Program

- Usually 100% employer-paid Base Plan
- 10 year paid-in-full policy maximizes tax advantages
- Optional Return of Premium Rider available
- Can vary base plan by executive class (e.g., Board of Directors, Business Owners, Sr. VP, VP, Directors, Managers)
- No imputed income to executives (some rules apply)

Voluntary Program

- Greatest percentage of cases
- Requires assessment of group to determine profitability
- Employee demographics
- Employer commitment to support
- Gives employees opportunity to purchase at discounted group rates
- Reduced underwriting available
- Offers discounted group rates to extended family members
- Provides forum for employees to be educated about LTCi
- Ability to purchase at younger ages



SECTION 3: Program Comparison/Detail

	Employer Program	Affiliation Program
Highlights	 10% Discount Simplified application and process Only four underwriting questions Required minimum of 10 applicants that pass Simplified Underwriting Defined Plan Options (high monthly benefit limits) No Preferred or Substandard Rates Defined open enrollment period: 30-60 Days 	 10% Discount Full Medical Underwriting Only 5 Eligibles & 1 Applicant Required All Rate Classes & Discounts Available No Defined Open Enrollment Period Ideal for Cases with: Small Executive Carve-out Plans/ Business Owners Continuous Open Enrollment Uncertainty of Meeting Minimum Participation for Employer Program
Target Market	 Employer-paid cases with 10+ covered employees Business Owner/Executive Carve-out Cases High-Quality Voluntary Cases Average Income \$40k+ Average Age 40+ Strong Employer commitment to support marketing & communications Physicians, Law Firms, Accounting Firms, Engineers, Financial Institutions, Insurance Companies 	 5+ Employees/Members Small Employer Cases Ongoing Enrollment Cases Associations Credit Unions Membership Organizations
Participation Requirements	 10+ eligible employees must apply and answer "No" to four questions. Employees must apply within 60-Day Open Enrollment period. Groups that fail to meet minimum participation may continue with affiliation program by completing full medical under- writing & Affiliation Agreement Form. 	 5+ Employees/Members 1 Applicant Continuous Open Enrollment period
Eligible Employee Group	 Employees, ages 18-85, Actively at Work at least 30 hours per week Extended Family Members, ages 18-85 	 Ages 18-85 Full/Part-time Employees, Retirees, Extended Family Members Members of qualified associations Constitution with bylaws Member-based vs. customer-based
Underwriting	 Actively at Work employees ages 18-65 Complete four questions No additional underwriting if Employee answers "No" to all 4 questions. PHI and APS at underwriter's discretion if any questions are answered "Yes" Actively at Work employees ages 66-85; Spouses, Retirees, Extended Family Members, ages 18-85 Full Medical Underwriting 	Full Medical Underwriting

	Employer Program	Affiliation Program
Plan Designs Plan A Plan B New Options	Facility MMBCommunity MMBLifetime Max (Months)\$2100-60%, 80%, 100%*24, 36, 48, 60\$6600-60%, 80% \$840024, 36, 48, 60* Not available with 30 Day Elimination, Waiting Period** Not available with 100% Community F• All Riders are available• All Payment Options are available	
Additional Coverage	 Employer-Paid Cases Employee can buy-up to maximut two plan options, including all rino further underwriting Employees must purchase separif higher than maximums Full medical underwriting app No 10% Discount All rates, standard discounts app 	ders, with rate policy lies
Ratings & Discounts	 10% Group Discount Standard Rate Class only 34% Care Partner Rate* (regardles: whether or not partner applies) Total Maximum Discount = 43% *17% in NY 25% in CT 	 10% Discount All Rate Classes available 15% Preferred Health Discount 20% Care Partner* (one partner applies and is approved) 40% Each Care Partner** (both partners apply and are approved) Total Maximum Discount = 54% *10% in NY **20% in NY 15% in CT 30% in CT
Billing	 Employer-Paid: List billing to employer (min. of 5 participants) Monthly or Annual modals Split billing available on Employe Voluntary: Payroll deduction (min. of 10 participants) Monthly modal only Direct Billing: All modal payment options Monthly (EFT or Credit Card only EFT, Credit Card, Check 	rticipants)
New Hire Eligibility Future Enrollments	 Employees must apply within 60 d group's probationary period Product offering and terms are sub Full Medical Underwriting. 	

SECTION 4: Quoting a Case

Employer Program

MedAmerica has made it easy to develop a proposal for your prospective client. By following these simple steps, an agent can produce a quality proposal.

Select from one of these two options:

- 1. Agent Creates the Proposal:
- Agent should use MedAmerica's Simplicity multi-life proposal software,* or
- Request sample rates from the SGA.

2. Agent Submits a Request to The SGA:

- Complete the Employer Group Case Worksheet found in the multi-life section of MedAmerica's proposal software.*
- Send census in electronic format (MS Excel) with the following information if census-specific quote is requested, otherwise SGA will use the "Print Premiums by Age" feature:
 - Last Name, First Name, Date of Birth, Gender, Marital Status, Salary (for voluntary cases).



NOTE: MedAmerica will provide quoting assistance to all directly reporting agencies:

- Agencies must call MedAmerica Agent Services at 1-800-724-1582, or
- Send request to their Regional Account Manager and include a completed Employer Group Case Worksheet and electronic census.

Sample Employer Program Worksheets and Rate Quotes can be found in Section 7: Exhibits.

Generic rates:

Please contact your SGA or MedAmerica Account Executive to obtain sample Voluntary Rates.

Affiliation Program

Complete these easy steps using the software*:

- Complete the Case Worksheet with client information.
- Save PDF of worksheet in the case file.
- Send PDF of worksheet or print form and send to client for signature.
- Submit completed worksheet to MedAmerica for assignment of group number.

Sample Affiliation Outputs can be found in Section 7: Exhibits.

Generic rates:

Please contact your SGA or MedAmerica Account Executive to obtain sample Voluntary Rates.

SECTION 5: Implementing a Sold Case

Please refer to the Guidelines for Employer and Affiliation Programs in the Exhibits Section for requirements on completing applications.

Case Approval Process Once the case has been sold:

- 1. Agent must submit the
- following documents to their SGA for review and forwarding to MedAmerica:
- Fax to 585-238-3642, ATTN: Group Sales or e-mail to GroupSales@medamericaltc.com.
 - Employer Group Case
 Worksheet (Employer
 Program only).
 - Signed Employer Program or Affiliation Agreement Form.
 - Electronic census (includes Last Name, First Name, Date of Birth, Gender, Marital Status, Salary).
 - Rate quote approved by the employer, if employerpaid case.
- Pre-Approval Considerations
 - Review licensing requirements—are you licensed in all states with eligible employees?
- 2. MedAmerica's Home Office will review all documentation and provide approval/denial within 48 hours of receipt.
- Group number assigned and communicated to Agent/SGA.
- If approved:
 - Approval response will be sent by MedAmerica via e-mail to the submitting Agent/SGA outlining any outstanding items, if applicable.
- If declined, Home Office will notify Agent/SGA.

NOTE: A minimum of 21 Days notice prior to Open Enrollment start date is required to implement an Employer Program.*

- 3. Materials will be ordered by MedAmerica and shipped directly to the Agent or specified client location. (Employer Program materials will not be available on the Web site.)
- 4. Guidelines for Submitting Applications
- For the Employer Program, applications should be held by the agent until they receive the minimum of 10 applications from eligible employees passing Simplified Underwriting. For Affiliation and Group, submit applications as they are received.
- If agent is unable to obtain 10 eligible apps and wishes to switch from Employer Program to Affiliation, they must have each applicant complete the Long Form Health Statement within the Employer Program application.
 - The agent and Employer must also complete and sign an Affiliation Agreement form.

Billing Options

MedAmerica strives to accommodate clients' billing preferences by offering a complete range of modes and frequencies.

- Direct draft from selected bank account: monthly, quarterly, semi-annual, or annual basis.
- VISA[™] or MasterCard[™] credit card payment: monthly, quarterly, semi-annual, or annual basis.

 Check payment mailed to MedAmerica: quarterly, semi-annual, or annual basis.

Application Processing

- Effective dates will vary by underwriting method and are determined by the following:
 - If no Home Office underwriting is required, the effective date is either the application signed date or a designated date assigned by the company.
 - If only a phone history interview is required, the effective date is the application signed date, once approved.
 - If medical records or face-to-face are required, the effective date is their application acceptance date.
 - For checks and EFT, the billing date is either their signed date or acceptance date, based on the rules above.
 - Credit cards are billed on the first or the fifth of the month, at the preference of the insured. If no choice is made, the default is the fifth of the month. This applies once the rules above have been followed.
- For the Affiliation Program, a minimum of two months' premium payment should be collected at the time of solicitation. Payment for the Employer Program is due anytime prior to policy effective date.

* 21 days notice allows MedAmerica to print and ship the state-specific application booklets. A minimum of 21 days may be required, should state-specific worksite materials be required.

SECTION 6: Worksite Marketing

Communications & Enrollment Plan

The communications and enrollment plan is a cooperative effort between the producer, the employer, and insurer. A critical requirement for a successful enrollment campaign is the complete support and endorsement by the employer. Access to employees and their families through multiple communication media is vital.

MedAmerica's sample communication and enrollment plan provides a flexible approach to educating employees and making them informed consumers. The plan can be tailored to fit your client's own culture and internal methods of communication.

Phase 1: Education and Awareness (Days 1-30) 1a. Introductory Letter

- Sent out to employees' homes using group letterhead, signed by company executive
- Announces upcoming events
 open enrollment/reduced underwriting

1b. Information Flyer

- Outlines the need for LTCi
- Accompanies introductory letter

2. Series of Educational E-mails, Newsletters, Bulletins

- Hardcopy or electronic
- Risks of needing LTC
- Cost of services
- Gaps in healthcare coverage
- Key component of financial planning
- Why purchase at younger ages (cost of waiting)
- Self-insuring vs. purchasing LTCi coverage
- Employee Survey—allows employees to assess their own needs for LTCi

3. Announcement of Upcoming Events/Key Dates

- Display of Posters, Table Tents
- Announcement of times, dates, and location of upcoming events
- Display in high visibility areas, cafeterias, bulletin boards, entrances, conference rooms

4. Distribution of Product Information

- Plan design options
- Questions to ask when building a policy
- Sample premiums
- Value of Simplicity Cash Benefit

5. Management Meetings

- Gain support from management
- Alert to upcoming events
- Explain importance of LTCi
- Encourage involvement
- Pass out enrollment
 information

Phase 2: Enrollment (Days 31-60)

- 6. Employee Seminars/Lunch & Learns
- Encourage mandatory meetings
- Employer representative introduction
- Enrollment kits
- Seminar Evaluation forms
- Personal Consultation Sign-up sheets

7. Webinars

- Supports multiple locations
- More convenient for spouses

8. Personal Consultations

- One-on-one at the worksite
- Telephone follow-up
- E-mail communication
- 9. Reminder Notices/Deadline Extension
- E-mail or mail notices to home
- Deadline for preferred underwriting

Ordering Enrollment Materials

Supplies for the Employer Sponsored Program should be ordered through the MedAmerica Home Office, unless otherwise noted. Please remember to allow 21 days for printing and delivery of materials.

Supplies for an Affiliation Group may be ordered from your SGA.



Selling to Employers & Affiliations

1. This Lead Generation Self-Mailer is targeted to employers and associations. Includes a business reply panel.

2. The Employer Brochure

provides an overview of the risk and need for long term care and highlights Simplicity as a solution.

3. The KeySelect Brochure is a companion piece to the Employer Brochure for information specifically about MedAmerica's executive carve-out program.

4. The KeySelect Tax Flyer is a companion piece to the KeySelect Brochure that provides important tax information that can help you make the sale.

5. Our Proposal template offers an agent the ability to present to a prospect all of the information needed to evaluate a LTCi offering from MedAmerica. This includes background on MedAmerica, details on the service and support, along with highlighted plan design information and rates.

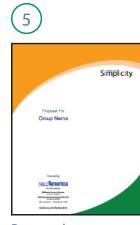
6. MedAmerica's Annual Report is an excellent resource to provide a corporate overview on MedAmerica's financial strength and strategic direction.



Employer Lead Generation Self-Mailer



KeySelect Brochure







Employer Brochure



KeySelect Tax Brochure



Annual Report

Selling to Employees & Members

1. This Introduction Letter is a template that can be easily customized with the group's logo. It's the perfect tool for the group to use to launch and generate employee/member interest in their long term care insurance program.

2. Our Product Brochure can be distributed to eligibles.

3. The Plan Overview provides detailed information about the employer's long term care insurance program.

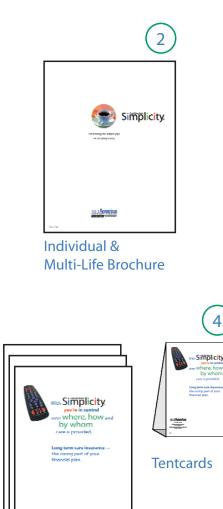
4. We offer three, 11" x 17" colorful Posters. Each poster contains a thought-provoking message about long term care to entice employees to learn more. Poster messages are repeated in Tentcards available for special order. Each poster can be imprinted with open enrollment dates and seminar information. Posters can be distributed electronically, posted on intranet, or displayed in high-traffic areas—break rooms, cafeteria, message boards, etc.

5. Our educational Newsletter series provides an in-depth look at long term care and the issues that surround the need for long term care. Newsletters are available in hard copy and/or electronic format.

6. Enrollment Materials are

special order for each case upon approval. For Affiliation cases, enrollment materials are available for ordering through your SGA.







Posters

Enrollment Booklet

4

section 7: Exhibits

Administrative:

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Affiliation Program

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Agreement Form21

Billing:

For Both Multi-Life Pro	ograms	
Payroll Questionnaire		24

Rates:

Sample Rates for Er	mployer Program	
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Employer Program Guidelines

1

		EMPLOYER PROGRAM						
MedAmerica Insurance Compan Hame Office: Pittsburgh, PA	Υ	APPROVAL GUIDELINES						
MedAmerica Insurance Company of No Home Office: Rochester, NY	ew York							
GROUP SIZE	PARTICIE	PARTICIPATING REQUIREMENTS MEDICAL UNDERWRITING						
Minimum of 10 actively-at-work employees	10 Elizible	Employee Applications that	Actively At Work	CEMPLOYEES: Writing: Ages 18-65				
	answer "N	o" to all 4 health questions	Full Medical Unde	erwriting: Ages 66-85				
(actively-at-work is defined as at the of employment 30 or more hours pe		within 30-60 Day Open	Extended Family Full Medical Under	<u>/ Members:</u> erwriting: <i>Ages 18-85</i>				
· · ·								
Active Employee		t reside in a state when r (spouse/domestic partne		oproved)				
Children (stepchild/adopted)	Brother/Sist		Grandparent (in	n-law)				
application the name of the								
 ✓ Have all Active employees of Information, and completed ✓ Did the Agent of Record inc BILLING OPTIONS & REQU Direct Bill 100% Employer Paid - Billed to Employer 	over age 65 checked " the full medical under lude all state-required UREMENTS PLAN (Bill is sent directly to 5 or more applicatio	writing section? suitability forms with each	ial Open Enrollment" u of the submitted appl ss. required) are required	ications?				
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Note: 10 or more applications from actively at work employees/members required for payroll deduction.

Sample Employer Program Case Worksheet

MEDAmerica Contractor I	March 39, 2005 Case Name Agent: First Name Last Name Address Line 1 City, ST . AX City, ST Contact: Phone: . Contact: Phone: . S55-555-555 Fasts: Phone: . S55-555-555 . Basis Phone: . Contact: Phone: . Contact: Phone: . Company Information Industry Organ . Company Information Industry Type . Company Information Industry Type . Company Information Industry Organ . Company Structure C-Corp Public Company Structure C-Corp Public Company Structure C-Corp Public Company Structure C-Corp Public Contaction: II, LA, WA Is Sponsor contributing all or a portion of premiums? Yes Eligible Employee: Bit and Number of Eligible Employees) Executive Only (20) Explicit Information Intercention Have you as old any other products to this company? Yes Have you as old any other products to this company? Yes What stage of the selling process are you in? Yes What stage of the selling process are you in? Co. has made deceision to offer LTC1 Who will	March 30, 2005 Case Name: Case Name AK City, ST Lite: License # Phone: 55: 555: 5555 Fast: Phone: 55: 555: 5555 Website: www.anywebsite.com Group Worksheet Information Supervising Agency: Supervising Agency I. Company Information Company Information Industry Contact Phone: 55: 55: 55: 55: 55: 55: 55: 55: 55: 5	Case Name: Case Name: Agent: First Name Last Name Address Line 1 (City, ST Lief; License# Phone: 555-555-555 Fast: Phone: Phone: 555-555-555 Website: www.anywebsite.com Goroup Worksheet Information Supervising Agency: Industry Type Company Information Industry Chastification Industry Type Company Information Corp Public Company or Family Owned Public Company Years Employer HQ Located in the state of NY Other Locations: IL, LA, WA Soponsor contributing all or a portion of premiums? Years Employee: Case On an Ownhow of Eligible Employees) Executive Only (20) Expl: Sr. VP, VP Number of Eligible Employees) Number of Active Employees: Fligibles (30+ thrs/wk under age 65). 225 Has LTGi been offered in the last 3 years? No Expected initial enrollment date IL Producer Information Have yous dot any other products to this company? Yes Mat stage of the selling process are you in? Yes What stage of the selling process are you in? Co. has made decision to offer LTCi What stage of the selling process are you in? Co. has made decision to offer LTCi What stage of the selling process are you in? Co. has made decision to offer LTCi <	Lead Long Lead Lead Lead Lead Lead Lead Lead Lead	Rochester, NY 146	
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II. Employee Profile Information	Simplicity.	165 Court St Rochester, NY 14647
Are eligible Employees primaril		Yes
Are at least 50% of eligible Emp		Yes
Do at least 40% of eligible Emp	oyees earn over \$40k annually?	Yes
Employer Commitment to enr Will the Employer	ollment.	
support/participate in distribu	ion & communication of materials?	Yes
allow program to be publicize	d in Company publications?	Yes
communicate an endorsement	of the program in writing?	Yes
	roup meetings during business hours?	Yes
permit a seminar or presentati	on to Employees on the benefits of LTCi?	Yes
allow eligible EE's to attend in	idividual sessions during business hours?	Yes
allow Payroll deduction for E	nployee premiums?	Yes
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Sample Quote for Employer and Affiliation Programs—Census Specific Rates

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	MED America		MedAmerica's Multi-Life Long Term Care Insurance	
	An Excellus Company MedAmerica Insurance Company Home Office: Pittsburgh, PA		Presented on: December 3,	3, 2004
	MedAmerica Insurance Company of New York Home Office: Rochester, NY		Case Name: Case Name Agent: First Name Last Name Case Address Address Line 1 Case City, AK Case Zip City, ST Lefet: License # Contact: Primary Contact Phone#: Fast;	
	MedAmerica is pleased to present this Proposal of Long Term Care Insurance For the Benefit of the Employees of, and prepared exclusively for		Case#: Multi-Life LTC Plan Design Coverage Type	
	Case Name Case City, AK		16 Employees Facility and Community Coverage Facility Monthy Benefit. Community Monthy Benefit. S1,460 per month Lifetime Max Benefit. 48 Months Elimination Period. 90 Days Inflation Protection. Premium Payment Option. Lifetime Bayment Plan	
			Employer Contribution Option None Premium Payment Mode Monthly	
			Optional Riders None Included	
			Total Prenium \$227.79 Total Employee Contribution \$0.00 Net Total Employee Premium \$227.79	-
	Presented by: First Name Last Name Address Line 1			
	City, ST		* This is only an illustration. Final premiums are based on underwriting approval and are athleted to change.	
			Page: 1- MedAmerica LTC vers	rs: 1.14
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Bala Backbarder	MedAmerica's Multi-Life Long Term Care Insurance MedAmerica's Multi-Life Long Term Care Insurance Presented on: December 3,2004 e Name: Case Name Case Catty, AK Case Zip City, ST Case City, AK Case Zip City, ST Contact: Primary Contact Primary Contact Fax#: Case#:	4	Composition Composition 165 Reference for example for the value of t	Court
	Court 8:	4	Census Statistics Census Statistics 165 Total Employees 16 Gender	Court
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Sample Quote for Employer and Affiliation Programs—Premium by Age Rates

	Pre	emium L	.ist E	By Age						
Prepared for: Case Group Type: Empl	Name loyer Program								red for: Ca Type: E	ase l mplo
Max Mo. Benefi Community Max Benefi Lifetime Max Benefi Inflation Option Elimination Period	n: 80% = \$1,680 it: 48 Months n: None d: 90 Days		s	Return of F Restoration of hortened Bene Shared Care Survivor Bene Shared Waive	Benefits: 1 fit Rider: 1 Benefit: 1 fit Rider: 1 Benefit: 1	lot Included lot Included lot Included lot Included lot Included		Ca	age Summan Coverage Max Mo. Be ommunity Max fetime Max Be Inflation Op Elimination Pe	Type: nefit: Ben: nefit: ption: eriod:
Prem Payment Option The premiums shown below	are derived from	the plan design the plan design dividual Pre		ed above and a	nt Mode: N re based on	Standard Rates.		The pren	m Payment Op niums shown be dividual Pre	elow a
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* This is only an illustration. F Form#	inal premiums are b		riting appr ge: 1-	oval and are sub	ect to change	America LTC vers: 1		* This is a Form#	only an illustratio	on. F

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Covera	ige Summa							
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	Coverage Max Mo. Be		mprehensive	D		f Premium: of Benefits:		ä
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In	dividual Pre Care Partn					tors (Join e informatio		
Age	Premium	Age	Eremium.	Shared Care		e informatio vivor		d Waiver
18-29	\$5.19	58	\$31.16	All Ages	Ages	Factor	Ages	Factor
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31	\$5.71	60	\$37.92		40-50	1.06	61-69	1.02
32	\$5.71 \$6.23	61 62	\$41.03 \$45.19		51-55 56-60	1.09	70-79	1.05
34	\$6.23	63	\$49.34		61-70	1.11	00+	1.10
35	\$6.75	64	\$54.02		71-79	1.10		
36	\$7.27	65	\$60.77		80+	1.06		
37	\$7.79	66	\$66.48	Note: Multiply Pr				
38	\$8.31 \$8.83	67 68	\$73.23 \$80.50	than one is select	ted, multipl	y by each lac	ctor consecu	tively.
40	\$9.35	69	\$88.81					
41	\$9.86	70	\$97.12					
42	\$10.39	71	\$106.99					
43	\$10.91 \$11.94	72 73	\$117.38 \$129.32					
44	\$11.94 \$12.46	74	\$129.32 \$141.79					
46	\$12.99	75	\$188.53					
47	\$13.50	76	\$205.67					
48	\$14.54	77	\$224.37					
49 50	\$15.58 \$17.14	78 79	\$244.62 \$266.96					
	\$18.18	80	\$298.64					
51		81	\$325.65					
51 52	\$19.74							
52 53	\$21.29	82	\$354.21					
52 53 54	\$21.29 \$22.85	83	\$384.86					
52 53	\$21.29							

Sample Employer Program Agreement Form

DECEMBER Concept December Concept Needhearics Insurance Congany Frontine Printer March Needhearics Insurance Congany of New York Teaching Insurance Congany	Sim	plicity	Administrative Offic 165 Court Rochester, NY 146
EMP	LOYER PROGR	AM AGREEMENT FO	DRM
Case			
Case Ad			
City, Stat			
Employer Representative Name 8			
	Phone:		
	eMail:		
Signature of Employer R	epresentative		Date
	2		
Open Enrollment Period	(30-60 Days Maxin	num)	
Start Date:	End Date:		
Employer Group Billing	Options		
Direct Bill to Employee			
Direct Bill to Employee Bill sent directly to employees mail 100% Employer Paid - Bille	iling address. ed to Employer	(select one) C Monthly Qui	arterly 🔲 Semi-Ann 🔲 Annua
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Affiliation Program Guidelines

(1)

An Excellus Company MedAmerica Insurance Company Here Office: Probagit PA MedAmerica Insurance Company of New York Hume Office: Rodesis, W		AFFILIATION PROGRAM APPROVAL GUIDELINES				
EMPLOYER SIZE Minimum of 5 active member actively-at-work employees actively-at-work is defined as heir place of employment 30 more hours per week).	at 1 Application	Full Medical Underwriting				
WHO IS ELIGIB Active Employee/Member Children (stepchild/adopted)	LE (All eligibles must reside in state wh Care Partner (spouse) Brother/Sister (in-law)	ere product is approved) Parent (in-law) Grandparent (in-law)				
	orksheet with application submission, did th tion the name of the Affiliation;	e Agent of Record indicate on the				
cover page of the applicat BILLING OPTIONS & REQU Direct Bill 100% Employer Paid –	tion the name of the Affiliation; IREMENTS Would like the bill sent directly to membe 5 or more applications are required from activ	rs/employees mailing address.				
cover page of the applicat BILLING OPTIONS & REQU Direct Bill 100% Employer Paid – Send Bill to Employer	tion the name of the Affiliation: IREMENTS Would like the bill sent directly to membe	rs/employees mailing address. /e employees to create one bill and send to				
	tion the name of the Affiliation; IREMENTS Would like the bill sent directly to membe 5 or more applications are required from activ the Employer. Require submission of Payroll Questionnaire	rs/employees mailing address. //e employees to create one bill and send to and 10 or more applications from actively- Billing located on page 2 of the application				
cover page of the applicat BILLING OPTIONS & REQU Direct Bill 100% Employer Paid – Send Bill to Employer Payroll Deduction Alternate Billing Address located on App) PERIODIC REVIEWS MedAmerica reserves the rigit	tion the name of the Affiliation; IREMENTS Would like the bill sent directly to member 5 or more applications are required from active the Employer. Require submission of Payroll Questionnaire at-work employees for payroll deduction. Under 5 applications, can request Alternate E and a bill for each applicant will be mailed directly the mailed directly and the mailed directly and the mailed directly the second	rs/employees mailing address. re employees to create one bill and send to and 10 or more applications from actively- Billing located on page 2 of the application ectly to Employer/Association.				

Long-Term Care Insurance For Tomorrow 165 Court Street – Rochester, NY 14647 – 1.800.544.0327 Affiliation Program(Rev. 01/05)

Sample Affiliation	Program	Worksheet
	- J -	

(1)

MECHANICA Concessy Mediatrica Insurance Company Summary Andrews A Indefentica Insurance Company of New York: Insurance Angel	Simplicity	Administrative Officer 165 Court St Rochester, NY 1464 Fax: 585-238-3642
	AFFILIATION WORKS	HEET
Case Nam		
Case Addres		
City, State Z	ip:	
Employer Representative	•	
Name & Tit		
Phor		
eMa	all:	
Signature of Employer Repr		Date
General Information	esentative	Date
Case Type		Association D Employer
Is LTCi currently offered or Sponsore		
Number of Employees/Members Location of Employees/Members	D Single Ste	La D. Mulfiele Clates
Association Billing Option	Single Sta	te 🗆 Multiple States
Direct Bill to Member		
Bill sent directly to Member Employer Group Billing Opti		
Direct Bill to Employee/Member	r	
Direct Bill to Employee/Membe Bill sent directly to employees mailing at 100% Employer Paid - Billed to 5 or more applications (out of the 10 mil Payroll Deduction (Monthly On)	r ddress. Employer (select one) imum) are required from actively-at-work er (y)	Monthly Quarterly Semi-Ann Annual
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Payroll Questionnaire

A feedba Corpany Payroll Feed Specifications	Data Required on Electronic Payroll Feed:
MedAmerica Insurance Company Kyne Office Probank PA	We have 2 Options available:
New Office (Pedalag), 74 Med America Insurance Company of New York New Office Reducts W	Please check the box that meets your needs.
Date:	Option 1: Full monthly feed: Each month MedAmerica will submit a complete file of all insureds th receiving payroll deduction.
Group Name & Number:	Option 2: Changes and new additions only: Each month MedAmerica will submit only changes, deletions and new adds. With this option, the Employer will continue to deduct the premium once they
Effective Date and Payment Due Date:	notified until MedAmerica notifies you there is a change.
Long-term care insurance is a pre-paid insurance. Premium billing is issued either Monthly, Quarterly, Semi-	Payment:
Annually or Annually. Premium is due on or before the insured's effective date.	We have 2 Options available:
For example, we notify the employer in June to payroll deduct in July to ensure our premium is received by August 1.	Option 1: Wire: The employer chooses to set up wire transfer into MedAmerica's account monthly premiums callected from payroll. With this option, the employer agrees to notify MedAmerica va email wire has been sent. If this option is selected, there is a form we need to complete to finalize the transa
Number of Payroll Systems:	Option 2: Paper Check The employer chooses to pay monthly by check on the due date.
Will the group require separate bills for multiple payroll centers? If so, please complete a separate form for EACH of those different payroll centers.	 Reconciliation Report from Employer: MedAmerica takes responsibility for all bill reconciliation and refunding to the insured.
Notification of the Premium Amount Needed:	We have 2 Options available:
Question: How will our payroll department be notified?	Option 1: The employer will send us an electronic file of the insureds that you have remitted premi
Answer: We have 3 options available. Please check which option is required by your payroll department.	Uption 1: The employeer will send us an electronic tile of the insureds that you have remitted premit the wire or the check. Additionally, we need a listing of all insureds that we requested payment for that not include in the premium (error log).
Remember that the option chosen here will dictate the required effective date of the insured's insurance coverage.	Option 2: The employer will fax us a hard copy (paper) listing of the insureds that you have remitte premium for in the wire or check. Additionally, we need a listing of all insureds that we requested pay
Option 1: Electronic Notification: Approximately 3 weeks prior to premium due date we notify	that you did not include in the premium (error log).
you of the individuals that need to have money deducted from their payroll to pay the premium due on the first of the next month. Electronically we send a file by the 10 ¹⁷ of the month. For example, we notify you electronically by Aug. (10 ⁶ for all individuals that we will need premium for	Please provide the following information for your payroll contact;
on Sept. 1.	Payroll Contact Name:
Electronic Notification File format is standard and attached.	Address:
Option 2: Electronic Notification-Increase Notification Time: Approximately 7 weeks prior	Telephone #:
to premium due date we notify you of the individuals that need to have money deducted from their payroll to pay the premium due on the first of the month-2 months away. Electronically we send a	Fax #:
file by the 10 th of the month.	Email Address:
For example, we notify you electronically by July 10 th for all individuals that we will need premium for on Sept. 1. This option provides you more time to set up the payroll deduction.	Your MedAmerica Group Billing Specialist will be (assigned after you return this form);
Option 3: We need paper notification via fax of the deduction at the time the insured is issued coverage.	MedAmerica Pavroll Contact Name:
	Telephone #: 1-800-544-0327
 Signed Authorization Requirements: MedAmerica keeps a copy of the signed authorization for 	Fax #:
payroll deduction on file for the life of the insurance coverage and they are available to you on request.	Email Address: @MedAmericaLTC.com
Question: Does your company also require a copy of these authorizations to initiate the payroll deduction?	Mailing Address: 165 Court Street Rochester, NY 14647
Answer:YesNo	
Question: Please check below who the employee can payroll deduct for:	
Answer:Employee OnlyEmployee/SpouseEmployee/Spouse/Family Member	Signature of Authorized Group Representative Print Name
Countries on Archive Journ	PLEASE FAX THESE COMPLETED PAGES TO 565-238-3842, ATTN: GROUP SALES SERVICES OR EMAIL TO GROUP/SALES@MEDAHERICALT Countor us for the long form Nov, 2004pm-71
Count on us for the long term Nov, 2004(ner-TDeMar) 165 Count Smeet + Rochester, NY 14947 + 1800:544 0027	Count on up for the long term. Not, 2004/14/11 165 Count Street - Rochester, NY 14647 - 1 2005/44 0227

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PAYROLL FORMAT EXAMPLES

Payroll Feed Format

Field Name	Length	Value	Offset
Typecode	1	"A" Add, "C" Change, "D" Delete	Position 1
Assn	4	Group Number	Position 2 - 5
Clientnum	8	Subgroup Number	Position 6 - 13
Bill From Date	8	MMDDYYYY	Position 14 - 21
Bill To Date	8	MMDDYYYY	Position 22 - 29
SS#	'15	Social Security # for Eligible	Position 30 - 44
Last Name	30		Position 45 - 74
First Name	15		Position 75 - 89
Deduction Amount	11	XXX.X0000000X	Position 90 - 100

* Social Security number will be left justified in the 15 char field

Payroll Reconciliation Format

Field Name	Length	Value	Offset
SS#	15	Soc Security for person responsible	Position 1-9
Last Name	30		Position 10 - 39
First Name	15		Position 40 -54
Deduction Amount	11	XXX.XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Position 55 - 65
Check Date/ Period End Date	8	mm/dd/yy	Position 66 - 73

Nov, 2004(rev-TDeMar)

* Social Security number will be left justified in the 15 char field

Count on us for the long term 165 Court Street • Rochester, NY 14847 • 1.800.544.0827

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Sample Rates (Employer Program)

 $\left(1\right)$

	dlar Company ize Pinslagh, PA		Employer Monthly F		LTCI		Monthly Ber Elimination Payment Pe Community	rlod:	\$3,000 90 Day Lifetime Pay 80%		npli	,	
[Sir	igle				Care P	artner				
Duration:	36 mos. Maximum Monthly Benefit \$108,000 Community Maximum Benefit \$95,400			60 mos. Maximum Monthly Benefit \$180,000 Community Maximum Benefit \$144,000			36 mos. Maximum Monthly Benehi: \$108,000 Community Maximum Benefit: \$85,000				60 mos. Mxximum Monthly Beneht: \$180,000 Community Mxximum Beneht: \$144,000		
Inflation:	None	Simple	Compound	None	Simple	Compound	None	Simple	Compound	None	Simple	Compound	
Issue Age		1										I	
18 29 30	\$9.11 \$9.11	\$17.21 \$18.22	\$46.57 \$48.60	\$10.12 \$11.14	\$24.30 \$26.32	\$65.81 \$65.81	\$6.01 \$6.01	\$11.36 \$12.03	\$30.74 \$32.08	\$6.69 \$7.35	\$16.70	\$4144 \$13.13	
30 31	\$9.11 \$9.11	\$18.22 \$19.24	\$/18.60 \$/19.62	\$11.14 \$12.10	\$20.32	\$67.81	\$6.01	\$12.03	\$32.08	\$7.35 \$8.02	\$16.70	\$15.15	
31	\$9.11	\$19.21	\$51.64	\$12.10	\$20.32	\$01.81	\$6.69	\$12.70	\$34.08	\$6.02 \$6.02	\$16.71	\$46.76	
33	\$10.12	\$21.26	\$53.67	\$13.17	\$29.36	\$/2.90	\$6.69	\$11.03	\$35.41	\$8.68	\$19.38	\$18.11	
34	\$11.14	\$23.29	\$55.69	\$14.17	\$31.39	\$75.94	\$7.35	\$15.37	\$36.76	\$9.38	\$20.72	\$50.12	
35	\$11.14	\$24.30	\$58.70	\$15.19	\$33.41	\$77.96	\$7.35	\$16.04	\$37.42	\$10.03	\$22.05	\$5145	
36	\$12.15	\$20.32	\$58.72	\$10.19	\$31.12	\$81.00	\$8.02	\$16.77	38.75	\$10.03	\$22.72	\$53.46	
37	\$13.17	\$27.34	\$60.75	\$16.20	\$37.46	\$84.04	\$8.6B	\$18	\$40.09	\$10.69	\$24.72	\$55.47	
38	\$13.17	\$28.30	\$63.79	\$17.21	\$39.19	\$87.07	\$8.68	\$18.		\$11.36	\$26.06	\$57.47	
39	\$14.17	\$30.37	\$65.81	\$18.22	\$11.01	\$90.12	36	\$20.	\$13.43	\$12.03	\$27.40	\$59.47	
40	\$15.19 \$16.20	\$32.40	\$67.64 \$69.86	\$20.25 \$21.26	\$43.54 \$16.07 _=	\$91 <u>5</u>	- <u>10</u>	\$21	\$44.77	\$13.36 \$14.03	\$28.74 \$30.74	\$6146 \$63/19	
42	\$10.20	\$35.44	\$72.90	\$21.20	\$49.6	4	35 22 32	\$22	¥6.11	\$11.03	\$30.74	\$66.16	
43	\$16.22	\$37.46	\$75.94	\$24.30	\$51.6		2 03	4		\$16.04	\$34.0B	\$66.17	
44	\$19.24	\$10.50	\$77.95	\$20.32	100.0 L		\$12.70	8	\$51.45	\$16.70	\$35.75	\$70.84	
45	\$20.25	\$42.52	\$61.00	7.34	58.7	117	\$13.38	\$28.07	\$53.48	\$18.04	\$38.75	\$73.51	
46	\$22.27	\$45.57	\$84.04		1 71.7	1 12	\$14.71	\$30.07	\$55.47	\$19.38	\$40.76	\$76.18	
- 47	\$23.29	\$17.59	\$87.07	33 <u>1.39</u>	₽ <u>58</u> ₽	177	\$10.37	\$31.41	\$57.47	\$20.72	\$13.13	\$78.85	
4ß	\$25.32	\$50.62	\$91.12	41	<u>18</u>	11	\$16.70	\$33.41	\$60.15	\$22.05	\$46.11	\$82.20	
49 50	\$27.34	\$03.67	\$91.17			\$129.60	\$18.04	\$30.41	\$62.14	\$23.39	\$18.78	\$85.54	
51	\$29.38 \$31.39	\$57.71	\$98.22 \$102.271	'	\$94.04	\$134.66 \$139.72	\$19.38 \$20.72	\$38.09 \$40.09	\$64.62 \$67.49	\$25.40	\$52.13 \$55.47	\$88.87 \$92.22	
51	\$33,41	\$64.80	\$105.32	13.54	\$89.10	\$145.80	\$22.00	\$42.77	\$70.16	\$28.74	\$58.81	\$95.23	
53	\$35.44	\$83.35	\$110.37	\$47.59	\$94.17	\$151.87	\$23.39	\$45.44	\$72.64	\$31.41	\$62.14	\$100.24	
94	\$38.47	\$72.90	\$115.42	\$50.62	\$100.24	\$157.95	\$25.40	\$18.11	\$75.18	\$33.41	\$65.15	\$104.25	
05	\$11.51	\$/8.97	\$122.01	\$00.69	\$108.3/1	\$167.06	\$27.40	\$02.13	\$80.86	\$36./6	\$71.60	\$110.26	
56	\$45.57	\$84.04	\$127.57	\$59.74	\$115.42	\$175.17	\$30.07	\$55.47	\$64.20	\$39.43	\$76.16	\$115.60	
07	\$48.60	\$90.12	\$133.65	\$64.80	\$123.52	\$182.20	\$32.08	\$69.47	\$88.21	\$12.77	\$81.63	\$120.28	
58 59	\$52.85	\$95.17	\$139.72 \$145.80	\$89.98 674.00	\$131.62	\$190.35	\$34.75	\$62.82	\$92.22	\$46.11	ୟସନ ସନ ସେହର ସହ	\$125.63	
59 60	\$56.70 \$63.79	\$102.27 \$112.39	\$145 ND \$197.95	\$74.92 \$84.04	\$139.72 \$154.91	\$199.47 \$216.67	\$37.42 \$42.10	\$67.49 \$74.18	\$98.23 \$104.25	\$49.45 \$55.47	\$92.22 \$102.24	\$131.64 \$143.01	
61	\$66.65	\$112.58	\$166.07	\$92.14	\$157.81	\$210.07	\$45.44	\$71.10	\$104.20	\$80.017	\$102.21	\$1152.38	
62	\$75.94	\$131.62	\$1/9.22	\$100.24	\$180.22	\$245.02	\$50.12	\$86.88	\$118.28	\$96.16	\$118.94	\$161./2	
63	\$83.02	\$141.75	\$190.35	\$109.35	\$191.10	\$261.22	\$54.80	\$93.00	\$120.63	\$/2.1/	\$128.30	\$1/2.41	
64	\$90.12	\$152.89	\$202.50	\$120.49	\$210.60	\$277.42	\$59.47	\$100.91	\$133.65	\$79.52	\$139.00	\$183.10	
65	\$101.25	\$166.07	\$217.69	\$134.66	\$230.65	\$298.69	\$68.62	\$110.93	\$143.68	\$33 a7	\$152.38	\$197.14	



MedAmerica Insurance Company Home Office: Pittsburgh, PA

MedAmerica Insurance Company of New York Home Office: Rochester, NY

165 Court Street • Rochester, NY 14647