

# Simply Business<sup>SM</sup>

## *Resource Guide for Multi-Life Sales*



CareDirections  
**Simplicity**<sup>®</sup>

**MEDAmerica**  
An Excellus Company

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## SECTION 1:

# 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.



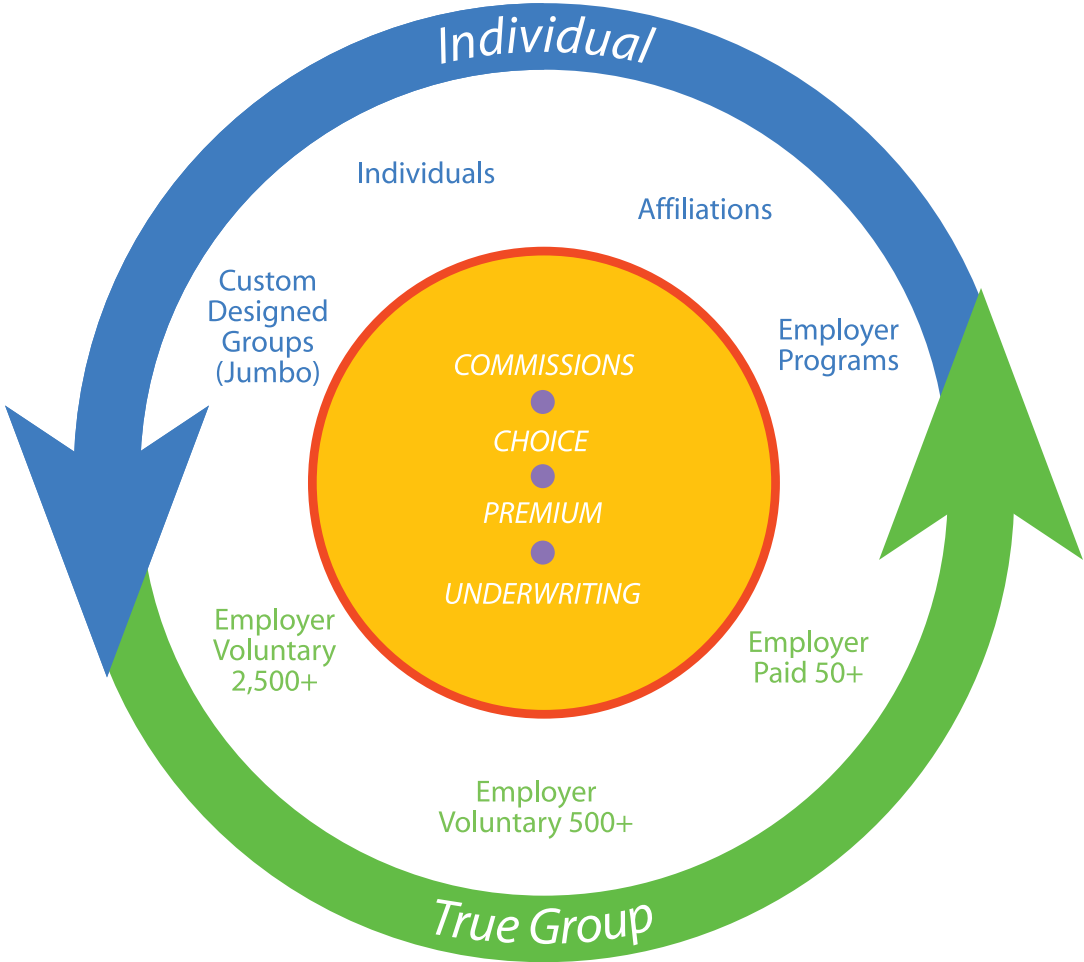
# Selling Made Simple

## 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.<sup>1</sup> 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

<sup>1</sup> 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 offering
- Ability to manage enrollment activity vs. assistance being required to develop and execute an enrollment strategy
- Agent Licensing—How many locations and states?

# Sales Strategy

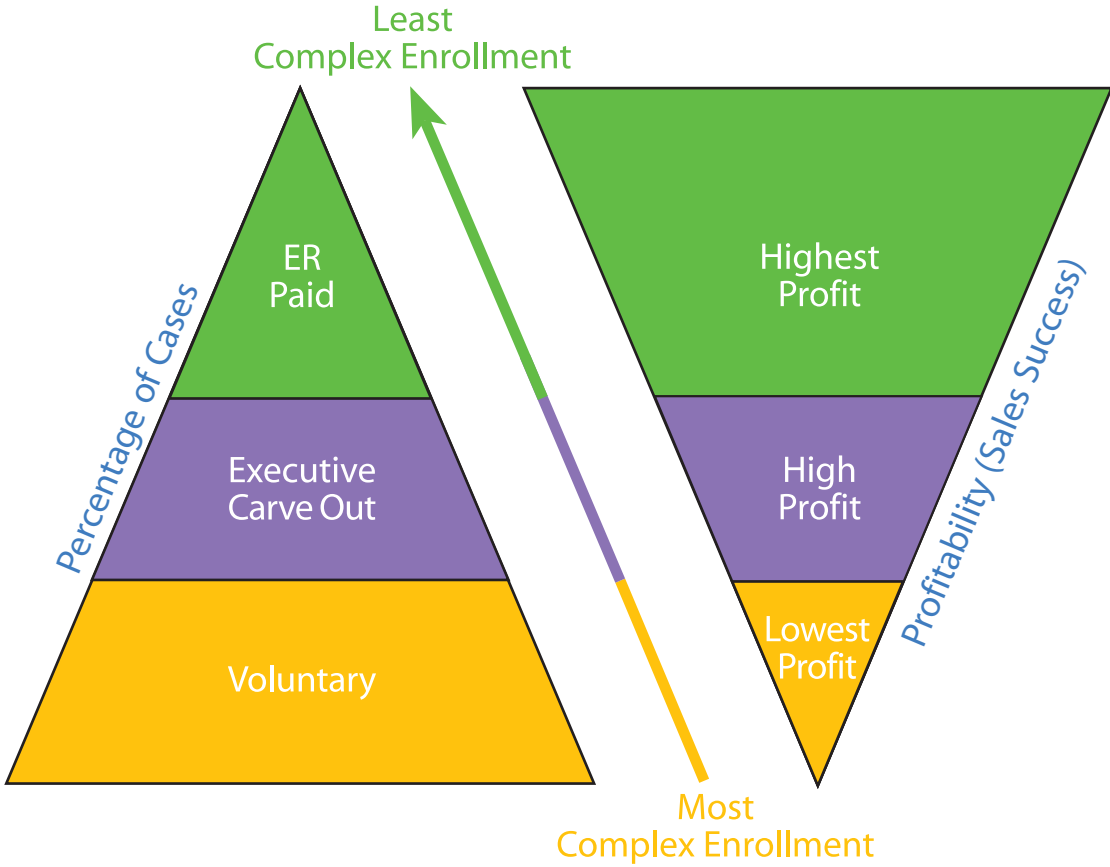
## Where do you want to focus?

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	<ul style="list-style-type: none"> <li>• 10% Discount</li> <li>• Simplified application and process</li> <li>• Only four underwriting questions</li> <li>• Required minimum of 10 applicants that pass Simplified Underwriting</li> <li>• Defined Plan Options (high monthly benefit limits)</li> <li>• No Preferred or Substandard Rates</li> <li>• Defined open enrollment period: 30-60 Days</li> </ul>	<ul style="list-style-type: none"> <li>• 10% Discount</li> <li>• Full Medical Underwriting</li> <li>• Only 5 Eligibles &amp; 1 Applicant Required</li> <li>• All Rate Classes &amp; Discounts Available</li> <li>• No Defined Open Enrollment Period</li> <li>• Ideal for Cases with:               <ul style="list-style-type: none"> <li>- Small Executive Carve-out Plans/ Business Owners</li> <li>- Continuous Open Enrollment</li> <li>- Uncertainty of Meeting Minimum Participation for Employer Program</li> </ul> </li> </ul>
Target Market	<ul style="list-style-type: none"> <li>• Employer-paid cases with 10+ covered employees</li> <li>• Business Owner/Executive Carve-out Cases</li> <li>• High-Quality Voluntary Cases</li> <li>• Average Income \$40k+</li> <li>• Average Age 40+</li> <li>• Strong Employer commitment to support marketing &amp; communications</li> <li>• Physicians, Law Firms, Accounting Firms, Engineers, Financial Institutions, Insurance Companies</li> </ul>	<ul style="list-style-type: none"> <li>• 5+ Employees/Members</li> <li>• Small Employer Cases</li> <li>• Ongoing Enrollment Cases</li> <li>• Associations</li> <li>• Credit Unions</li> <li>• Membership Organizations</li> </ul>
Participation Requirements	<ul style="list-style-type: none"> <li>• 10+ eligible employees must apply and answer "No" to four questions.</li> <li>• Employees must apply within 60-Day Open Enrollment period.</li> <li>• Groups that fail to meet minimum participation may continue with affiliation program by completing full medical underwriting &amp; Affiliation Agreement Form.</li> </ul>	<ul style="list-style-type: none"> <li>• 5+ Employees/Members</li> <li>• 1 Applicant</li> <li>• Continuous Open Enrollment period</li> </ul>
Eligible Employee Group	<ul style="list-style-type: none"> <li>• Employees, ages 18-85, Actively at Work at least 30 hours per week</li> <li>• Extended Family Members, ages 18-85</li> </ul>	<ul style="list-style-type: none"> <li>• Ages 18-85</li> <li>• Full/Part-time Employees, Retirees, Extended Family Members</li> <li>• Members of qualified associations               <ul style="list-style-type: none"> <li>- Constitution with bylaws</li> <li>- Member-based vs. customer-based</li> </ul> </li> </ul>
Underwriting	<ul style="list-style-type: none"> <li>• Actively at Work employees ages 18-65               <ul style="list-style-type: none"> <li>- Complete four questions</li> <li>- No additional underwriting if Employee answers "No" to all 4 questions.</li> <li>- PHI and APS at underwriter's discretion if any questions are answered "Yes"</li> </ul> </li> <li>• Actively at Work employees ages 66-85; Spouses, Retirees, Extended Family Members, ages 18-85               <ul style="list-style-type: none"> <li>- Full Medical Underwriting</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Full Medical Underwriting</li> </ul>

Employer Program		Affiliation Program												
Plan Designs	<table border="1"> <thead> <tr> <th>Facility MMB</th> <th>Community MMB</th> <th>Lifetime Max (Months)</th> <th>Elimination (Days)</th> </tr> </thead> <tbody> <tr> <td>Plan A \$2100-\$6300</td> <td>60%, 80%, 100%*</td> <td>24, 36, 48, 60</td> <td>30**, 60, 90</td> </tr> <tr> <td>Plan B \$6600-\$8400</td> <td>60%, 80%</td> <td>24, 36, 48, 60</td> <td>30, 60, 90</td> </tr> </tbody> </table> <p>* Not available with 30 Day Elimination/Benefit Waiting Period ** Not available with 100% Community Benefit</p>	Facility MMB	Community MMB	Lifetime Max (Months)	Elimination (Days)	Plan A \$2100-\$6300	60%, 80%, 100%*	24, 36, 48, 60	30**, 60, 90	Plan B \$6600-\$8400	60%, 80%	24, 36, 48, 60	30, 60, 90	<ul style="list-style-type: none"> <li>All individual product Benefit Options, Riders and Payment Options are available</li> </ul>
Facility MMB	Community MMB	Lifetime Max (Months)	Elimination (Days)											
Plan A \$2100-\$6300	60%, 80%, 100%*	24, 36, 48, 60	30**, 60, 90											
Plan B \$6600-\$8400	60%, 80%	24, 36, 48, 60	30, 60, 90											
New Options	<ul style="list-style-type: none"> <li>All Riders are available</li> <li>All Payment Options are available</li> </ul>													
Additional Coverage	<ul style="list-style-type: none"> <li>Employer-Paid Cases <ul style="list-style-type: none"> <li>Employee can buy-up to maximums within two plan options, including all riders, with no further underwriting</li> <li>Employees must purchase separate policy if higher than maximums <ul style="list-style-type: none"> <li>Full medical underwriting applies</li> <li>No 10% Discount</li> <li>All rates, standard discounts apply</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>All benefits are available subject to Full Medical Underwriting</li> </ul>												
Ratings & Discounts	<ul style="list-style-type: none"> <li>10% Group Discount</li> <li>Standard Rate Class only</li> <li>34% Care Partner Rate* (regardless of whether or not partner applies)</li> <li>Total Maximum Discount = 43%</li> </ul> <p>*17% in NY 25% in CT</p>	<ul style="list-style-type: none"> <li>10% Discount</li> <li>All Rate Classes available</li> <li>15% Preferred Health Discount</li> <li>20% Care Partner* (one partner applies and is approved)</li> <li>40% Each Care Partner** (both partners apply and are approved)</li> <li>Total Maximum Discount = 54%</li> </ul> <p>*10% in NY      **20% in NY 15% in CT      30% in CT</p>												
Billing	<ul style="list-style-type: none"> <li>Employer-Paid: <ul style="list-style-type: none"> <li>List billing to employer (min. of 5 participants)</li> <li>Monthly or Annual modals</li> <li>Split billing available on Employee buy-ups</li> </ul> </li> <li>Voluntary: <ul style="list-style-type: none"> <li>Payroll deduction (min. of 10 participants)</li> <li>Monthly modal only</li> </ul> </li> <li>Direct Billing: <ul style="list-style-type: none"> <li>All modal payment options</li> <li>Monthly (EFT or Credit Card only)</li> <li>EFT, Credit Card, Check</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Same as Employer Program</li> </ul>												
New Hire Eligibility	<ul style="list-style-type: none"> <li>Employees must apply within 60 days of group's probationary period</li> </ul>	<ul style="list-style-type: none"> <li>Continuous enrollment</li> </ul>												
Future Enrollments	<ul style="list-style-type: none"> <li>Product offering and terms are subject to Full Medical Underwriting.</li> </ul>	<ul style="list-style-type: none"> <li>Continuous enrollment</li> </ul>												

## 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.

\* Please contact your SGA to obtain proposal software.

## 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 employer-paid 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.

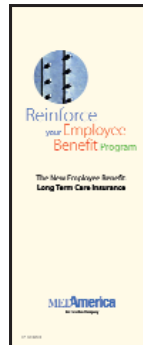
3. The **KeySelect Brochure** is a companion piece to the Employer Brochure for information specifically about MedAmerica's executive carve-out program.

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.

1



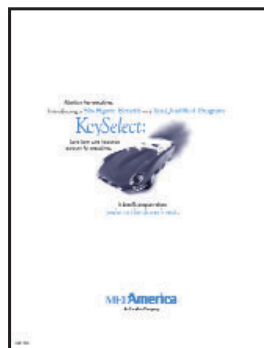
Employer Lead Generation Self-Mailer

2



Employer Brochure

3



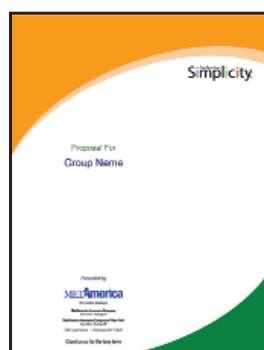
KeySelect Brochure

4



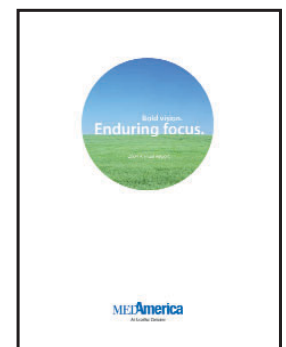
KeySelect Tax Brochure

5



Proposal

6



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.

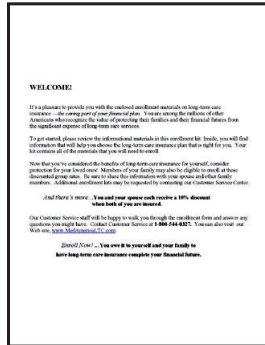
4. We offer three, 11" x 17" colorful **Posters**. Each poster contains a thought-provoking message about long term care to entice employees to learn more. Poster messages are repeated in **Tentcards** available for special order. Each poster can be imprinted with open enrollment dates and seminar information. 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.

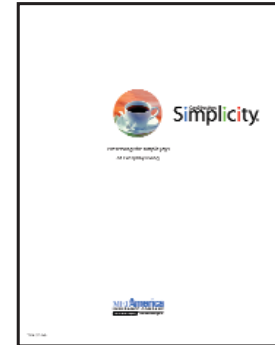
*Availability may vary by state.*

1



Welcome Letter

2



Individual & Multi-Life Brochure

3



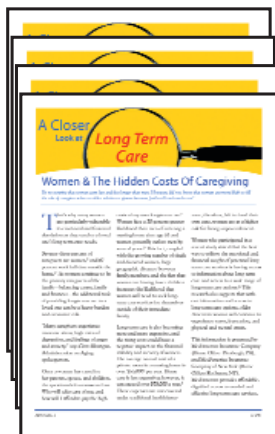
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# Employer Program Guidelines

1



An Excellus Company

MedAmerica Insurance Company  
Home Office: Pittsburgh, PA

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

## EMPLOYER PROGRAM APPROVAL GUIDELINES

GROUP SIZE	PARTICIPATING REQUIREMENTS	MEDICAL UNDERWRITING
<b>Minimum of 10 actively-at-work employees</b> (actively-at-work is defined as at their place of employment 30 or more hours per week)	- 10 Eligible Employee Applications that answer "No" to all 4 health questions - Must apply within 30-60 Day Open Enrollment Period	<b>Actively At Work Employees:</b> Simplified Underwriting: Ages 18-65 Full Medical Underwriting: Ages 66-85 <b>Extended Family Members:</b> Full Medical Underwriting: Ages 18-85

WHO IS ELIGIBLE (All eligibles must reside in a state where the product is approved)		
Active Employee	Care Partner (spouse/domestic partner)	Parent (in-law)
Children (stepchild/adopted)	Brother/Sister (in-law)	Grandparent (in-law)

**AGENT CHECKLIST**

- ✓ Does the Employer have 10 or more actively-at-work Employees?
- ✓ Did the Employer Representative sign and date the Employer Program Agreement Form?
- ✓ Did the Agent of Record sign and date the Employer Program Agreement Form?
- ✓ Did the Agent of Record complete and submit an Employer Group Case Worksheet?
- ✓ Did the Agent of Record list their name, address, telephone, email address and producer code?
- ✓ Did the Agent of Record submit an electronic census with the following fields?
  - Last Name, First Name, Date of Birth, Gender, Marital status, Salary (for voluntary cases)
- ✓ If submitting Employer Program Agreement Form with application submission, do you have the minimum 10 Eligible Apps that answered "No" to all 4 health questions, and did the Agent of Record indicate on the cover page of the application the name of the Employer?
- ✓ Have all Active employees over age 65 checked "Actively At Work: After Initial Open Enrollment" under Applicant Information, and completed the full medical underwriting section?
- ✓ Did the Agent of Record include all state-required suitability forms with each of the submitted applications?

**BILLING OPTIONS & REQUIREMENTS PLAN OPTIONS**

Direct Bill	Bill is sent directly to applicants' mailing address.
100% Employer Paid - Billed to Employer	5 or more applications (out of the 10 minimum required) are required from active employees to create one bill and send to the Employer.
Payroll Deduction	Requires submission of Payroll Questionnaire and 10 or more applications from actively-at-work employees/members for payroll deduction.
Alternate Billing Address (located on App)	Under 5 applications, can request Alternate Billing (located on page 2 of the application) and a bill for each applicant will be mailed directly to the Employer.

**PLAN OPTIONS**

	Facility Monthly Max Benefit	Community Monthly Max Benefit	Lifetime Max (Months)	Elimination (Days)
Plan A	\$2100-\$6300	60%, 80%, 100%*	24, 36, 48, 60	30**, 60, 90
Plan B	\$6600-\$9400	60%, 80%	24, 36, 48, 60	30, 60, 90
	<ul style="list-style-type: none"> <li>All Riders are available</li> <li>All Payment Options are available (Lifetime, 10 pay, Paid up at 65, Reduced Premium)</li> </ul>			
	* Not available with 30 Day Elimination/Benefit Waiting Period			
	** Not available with 100% Community Benefit			



Long-Term Care Insurance For Tomorrow  
165 Court Street – Rochester, NY 14647 – 1.800.724.1582

Employer Program (Rev. 03/05)



Note: 10 or more applications from actively at work employees/members required for payroll deduction.

# Sample Employer Program Case Worksheet



1

 		Administrative Offices 165 Court St. Rochester, NY 14647
<b>Multi-Life Long Term Care Insurance</b> March 30, 2005		
<b>Case Name:</b> Case Name , AK <b>Contact:</b> Primary Contact	<b>Agent:</b> First Name Last Name Address Line 1 City, ST Lic#: License # Phone#: Phone # Fax#: Fax #	
Phone: 555-555-5555 Fax: 555-555-5555 Website: www.anywebsite.com		
<b>Group Worksheet Information</b> Supervising Agency: Supervising Agency		
<b>I. Company Information</b>		
Industry Classification	Industry Type	
Company Structure	C-Corp	
Public Company or Family Owned	Public Company	
Years Employer has been in business	25	
Employer HQ Located in the state of	NY	
Other Locations: IL, LA, WA		
Is Sponsor contributing all or a portion of premiums?	Yes	
Eligible Employee Class (and Number of Eligible Employees)	Executive Only (20)	
Expi. Sr. VP		
Number of Active Employees/Eligibles (30+ hrs/wk under age 65)	225	
Has LTCI been offered in the last 3 years?	No	
Expected initial enrollment date		
<b>II. Producer Information</b>		
Have you sold any other products to this company?	Yes	
Expi. Life Dental		
Are you the exclusive broker?	Yes	
What other Companies are you representing?	None	
What stage of the selling process are you in?	Co. has made decision to offer LTCI	
Who will manage the enrollment process?	Enroller Name	
What percent of participation do you expect?	20%	
Form# _____ Page: 1- _____ MedAmerica LTC vers: 1.17.2		

2


 		Administrative Offices 165 Court St. Rochester, NY 14647
<b>III. Employee Profile Information</b>		
Are eligible Employees primarily white collar workers?	Yes	
Are at least 50% of eligible Employees over age 40?	Yes	
Do at least 40% of eligible Employees earn over \$40k annually?	Yes	
<b>Employer Commitment to enrollment.</b> Will the Employer . . .		
...support/participate in distribution & communication of materials?	Yes	
...allow program to be publicized in Company publications?	Yes	
...communicate an endorsement of the program in writing?	Yes	
...allow eligible EE's to attend group meetings during business hours?	Yes	
...permit a seminar or presentation to Employees on the benefits of LTCI?	Yes	
...allow eligible EE's to attend individual sessions during business hours?	Yes	
...allow Payroll deduction for Employee premiums?	Yes	
* This is only an illustration. Final premiums are based on underwriting approval and are subject to change.		
Form# _____ Page: 2- _____ MedAmerica LTC vers: 1.17.2		

3

 		Administrative Offices 165 Court St. Rochester, NY 14647
<b>MedAmerica's Multi-Life Long Term Care Insurance</b> March 30, 2005		
<b>Case Name:</b> Case Name , AK <b>Contact:</b> Primary Contact	<b>Agent:</b> First Name Last Name Address Line 1 City, ST Lic#: License # Phone#: Phone # Fax#: Fax #	
Phone: 555-555-5555 Fax: 555-555-5555 Website: www.anywebsite.com		
<b>Employee Census</b> Regular Members		
Name	Sex/Age	Salary
Members marked with an "I" are not qualified for the chosen benefits due to their age.		
* This is only an illustration. Final premiums are based on underwriting approval and are subject to change.		
Form# _____ Page: 3- _____ MedAmerica LTC vers: 1.17.2		

# Sample Quote for Employer and Affiliation Programs—Census Specific Rates

1



**MEDAmerica**  
An Excellus Company


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

*MedAmerica is pleased to present this  
Proposal of Long Term Care Insurance  
For the Benefit of the Employees of, and prepared exclusively for*


**Case Name**  
**Case City, AK**

Presented by:  
First Name Last Name  
Address Line 1  
City, ST

2



MedAmerica Insurance Company  
MedAmerica Insurance Company of New York



**MedAmerica's  
Multi-Life Long Term Care Insurance**

Administrative Offices  
165 Court St.  
Rochester, NY 14647

Presented on: December 3, 2004

<b>Case Name:</b> Case Name	<b>Agent:</b> First Name Last Name
Case Address	Address Line 1
Case City, AK Case Zip	City, ST
<b>Contact:</b> Primary Contact	<b>Phone#:</b>
	<b>Lic#:</b> License #
	<b>Fax#:</b>

**Case#:**

**Multi-Life LTC Plan Design**

Coverage Type..... Comprehensive Plan  
16 Employees

**Facility and Community Coverage**


Facility Monthly Benefit..... \$2,100 per month  
Community Monthly Benefit..... \$1,680 per month  
Lifetime Max Benefit..... 48 Months  
Elimination Period..... 90 Days  
Inflation Protection..... None  
Premium Payment Option..... Lifetime Payment  
Plan Discount..... 10% ER Group  
Employer Contribution Option..... None  
Premium Payment Mode..... Monthly

**Optional Riders**  
None Included


<b>Total Premium</b> .....	\$227.79
<b>Total Employer Contribution</b> .....	\$0.00
<b>Net Total Employee Premium</b> .....	\$227.79

\* This is only an illustration. Final premiums are based on underwriting approval and are subject to change.  
Form# \_\_\_\_\_ -Page: 1- MedAmerica.LTC.ver: 1.14.0

3



MedAmerica Insurance Company  
MedAmerica Insurance Company of New York



**MedAmerica's Multi-Life Long Term Care Insurance**

Administrative Offices  
165 Court St.  
Rochester, NY 14647

Presented on: December 3, 2004

<b>Case Name:</b> Case Name	<b>Agent:</b> First Name Last Name
Case Address	Address Line 1
Case City, AK Case Zip	City, ST
<b>Contact:</b> Primary Contact	<b>Phone#:</b>
	<b>Lic#:</b> License #
	<b>Fax#:</b>

**Case#:**

**Employee Census and Premium Details**


Premium Mode: Monthly Employer Contribution: None

Regular Members	Name	Sex/Age	Premium	ER Cont.	EE Prem.	CP Status
1.	LastName, FirstName	F-27	\$4.68	\$0.00	\$4.68	CP
2.	LastName, FirstName	M-23	\$4.68	\$0.00	\$4.68	CP
3.	LastName, FirstName	F-24	\$7.09	\$0.00	\$7.09	Single
4.	LastName, FirstName	M-25	\$4.68	\$0.00	\$4.68	CP
5.	LastName, FirstName	F-26	\$4.68	\$0.00	\$4.68	CP
6.	LastName, FirstName	M-27	\$7.09	\$0.00	\$7.09	Single
7.	LastName, FirstName	F-28	\$4.68	\$0.00	\$4.68	CP
8.	LastName, FirstName	M-29	\$4.68	\$0.00	\$4.68	CP
9.	LastName, FirstName	F-30	\$7.09	\$0.00	\$7.09	Single
10.	LastName, FirstName	M-35	\$6.08	\$0.00	\$6.08	CP
11.	LastName, FirstName	F-40	\$8.42	\$0.00	\$8.42	CP
12.	LastName, FirstName	M-45	\$17.01	\$0.00	\$17.01	Single
13.	LastName, FirstName	F-50	\$15.90	\$0.00	\$15.90	CP
14.	LastName, FirstName	M-55	\$22.92	\$0.00	\$22.92	CP
15.	LastName, FirstName	F-60	\$52.45	\$0.00	\$52.45	Single
16.	LastName, FirstName	M-65	\$55.66	\$0.00	\$55.66	CP
<b>Sub Totals:</b>			<b>\$227.79</b>	<b>\$0.00</b>	<b>\$227.79</b>	


Individual Members	Name	Sex/Age	Premium	ER Cont.	EE Prem.	CP Status
<b>Sub Totals:</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Grand Totals:</b>			<b>\$227.79</b>	<b>\$0.00</b>	<b>\$227.79</b>	

\* This is only an illustration. Final premiums are based on underwriting approval and are subject to change.  
Form# \_\_\_\_\_ -Page: 2- MedAmerica.LTC.ver: 1.14.0

4



MedAmerica Insurance Company  
MedAmerica Insurance Company of New York



**MedAmerica's Multi-Life Long Term Care Insurance**

Administrative Offices  
165 Court St.  
Rochester, NY 14647

**Census Statistics**

Total Employees..... 16

**Gender**

Male..... 8 (50.00%)  
Female..... 8 (50.00%)

**Age Bands**

18 to 40..... 11 (68.75%)  
41 to 64..... 4 (25.00%)  
65+..... 1 (6.25%)  
Average Age..... 37

**Salary Bands**

Under \$40k..... 0 (0.00%)  
\$40k and over..... 16 (100.00%)  
5 (31.25%) over age 40 making \$40k+

\* This is only an illustration. Final premiums are based on underwriting approval and are subject to change.  
Form# \_\_\_\_\_ -Page: 3- MedAmerica.LTC.ver: 1.14.0

# Sample Quote for Employer and Affiliation Programs—Premium by Age Rates

1

**MEI America**  
Member of The United Life Companies  
Member of the Metropolitan Group of New York

**Simplicity**  
Life Insurance Company

Administrative Offices  
 165 Court St.  
 Rochester, NY 14647

### Premium List By Age

Prepared for: Case Name  
Group Type: Employer Program

**Coverage Summary**

Coverage Type: Comprehensive Max Mo. Benefit: \$2,100 Community Max Ben: 80% = \$1,680 Lifetime Max Benefit: 48 Months Inflation Option: None Elimination Period: 90 Days Prem Payment Option: Lifetime Payment	Return of Premium: None Restoration of Benefits: Not Included Shortened Benefit Rider: Not Included Shared Care Benefit: Not Included Survivor Benefit Rider: Not Included Shared Waiver Benefit: Not Included Payment Mode: Monthly
---	--

The premiums shown below are derived from the plan design described above and are based on Standard Rates.

Individual Premiums By Age			
Age	Premium	Age	
18-29	\$6.24	58	\$37.42
30	\$6.24	59	\$40.54
31	\$6.86	60	\$45.53
32	\$6.86	61	\$49.27
33	\$7.49	62	\$54.26
34	\$7.49	63	\$59.25
35	\$8.11	64	\$64.86
36	\$8.11	65	\$72.97
37	\$9.36	66	\$79.83
38	\$9.36	67	\$87.94
39	\$10.60	68	\$96.68
40	\$11.22	69	\$106.65
41	\$11.22	70	\$116.63
42	\$12.47	71	\$128.48
43	\$13.09	72	\$140.96
44	\$14.35	73	\$155.30
45	\$14.97	74	\$170.27
46	\$15.60	75	\$226.40
47	\$16.22	76	\$246.99
48	\$17.46	77	\$269.44
49	\$18.71	78	\$293.76
50	\$20.58	79	\$320.58
51	\$21.83	80	\$350.63
52	\$23.70	81	\$391.06
53	\$25.57	82	\$425.37
54	\$27.44	83	\$462.16
55	\$29.53	84	\$500.21
56	\$32.44	85	\$600.00
57	\$34.83		

\* This is only an illustration. Final premiums are based on underwriting approval and are subject to change.

Form: \_\_\_\_\_ Page: 1- \_\_\_\_\_ MedAmerica LTC ver: 1.17.0

2

**MEI America**  
Member of The United Life Companies  
Member of the Metropolitan Group of New York

**Simplicity**  
Life Insurance Company

Administrative Offices  
 165 Court St.  
 Rochester, NY 14647

### Premium List By Age

Prepared for: Case Name  
Group Type: Employer Program

**Coverage Summary**

Coverage Type: Comprehensive Max Mo. Benefit: \$2,100 Community Max Ben: 80% = \$1,680 Lifetime Max Benefit: 48 Months Inflation Option: None Elimination Period: 90 Days Prem Payment Option: Lifetime Payment	Return of Premium: None Restoration of Benefits: Not Included Shortened Benefit Rider: Not Included Shared Care Benefit: Not Included Survivor Benefit Rider: Not Included Shared Waiver Benefit: Not Included Payment Mode: Monthly
---	--

The premiums shown below are derived from the plan design described above and are based on Standard Rates.

Individual Premiums By Age			
Age	Premium	Age	
18-29	\$5.19	58	\$31.16
30	\$5.19	59	\$33.76
31	\$5.71	60	\$37.92
32	\$5.71	61	\$41.03
33	\$6.23	62	\$45.19
34	\$6.23	63	\$49.34
35	\$6.75	64	\$54.02
36	\$7.27	65	\$60.77
37	\$7.79	66	\$66.46
38	\$8.31	67	\$72.23
39	\$8.83	68	\$80.50
40	\$9.35	69	\$88.81
41	\$9.86	70	\$97.12
42	\$10.39	71	\$106.99
43	\$10.91	72	\$117.38
44	\$11.94	73	\$129.32
45	\$12.46	74	\$141.79
46	\$12.99	75	\$188.53
47	\$13.50	76	\$205.67
48	\$14.54	77	\$224.37
49	\$15.58	78	\$244.62
50	\$17.14	79	\$266.96
51	\$18.18	80	\$298.64
52	\$19.74	81	\$325.65
53	\$21.29	82	\$354.21
54	\$22.85	83	\$384.96
55	\$24.83	84	\$416.54
56	\$27.01	85	\$499.63
57	\$29.09		

Rider Factors (Joint Policy)				
Based on the information selected				
Shared Care	Survivor	Factor	Shared Waiver	Factor
All Ages	Ages	Ages	Ages	Ages
1.16	<40	1.05	<60	1.01
	40-50	1.06	61-69	1.02
	51-55	1.09	70-79	1.05
	56-60	1.09	80+	1.10
	61-70	1.11		
	71-79	1.10		
	80+	1.08		



Note: Multiply Premiums by each factor for a given age. If more than one is selected, multiply by each factor consecutively.

\* This is only an illustration. Final premiums are based on underwriting approval and are subject to change.

Form: \_\_\_\_\_ Page: 2- \_\_\_\_\_ MedAmerica LTC ver: 1.17.0

# Sample Employer Program Agreement Form

1

 <small>The Emblem Company MedAmerica Insurance Company Head Office, Portland, ME MedAmerica Insurance Company of New York 1000 11th Avenue, NY</small>		 <small>CareDirections</small>		Administrative Offices 165 Court St. Rochester, NY 14647	
<b>EMPLOYER PROGRAM AGREEMENT FORM</b>					
Case Name:					
Case Address:					
City, State Zip:					
<b>Employer Representative</b>					
Name & Title:					
Phone:					
eMail:					
Signature of Employer Representative				Date	
<b>Open Enrollment Period (30-60 Days Maximum)</b>					
Start Date:		End Date:			
<b>Employer Group Billing Options</b>					
<input type="checkbox"/> <b>Direct Bill to Employee</b> <small>Bill sent directly to employees mailing address.</small>					
<input type="checkbox"/> <b>100% Employer Paid - Billed to Employer</b> (select one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Ann <input type="checkbox"/> Annual <small>5 or more applications (out of the 10 minimum) are required from actively-at-work employees to create one bill and send to the Employer.</small>					
<input type="checkbox"/> <b>Payroll Deduction (Monthly Only)</b> <small>Requires submission of Payroll Questionnaire and 10 or more applications from actively-at-work employees for payroll deduction.</small>					
<b>Employer Commitment</b>					
The above named Employer has selected the Agent named below as the Agent of Record to market MedAmerica long term care insurance to all its eligible employees. In addition, the Employer agrees to support the Agent of Record in the implementation of a communication and enrollment program to all its eligible employees.					
<b>Agent Information - Please Print</b>					
Agent of Record Name					
Mailing Address					
City, State, Zip					
Producer Writing No.					
Email Address					
Supervising Agency					
Agent Signature				Date	
Send Completed form to:		MedAmerica Sales Dept.		Or Fax Completed Form to:	
				(585) 238-3642	
<b>For Office Use Only:</b>					
Approval Signature:		Date:			
Group Number:		Comments:			
Exclusivity:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
* Group exclusivity is at the discretion of MedAmerica.				MedAmerica LTC vers: 1.17.2	

# Affiliation Program Guidelines

1



## AFFILIATION PROGRAM APPROVAL GUIDELINES

EMPLOYER SIZE	PARTICIPATING REQUIREMENTS	MEDICAL UNDERWRITING
<b>Minimum of 5 active members or actively-at-work employees</b> (actively-at-work is defined as at their place of employment 30 or more hours per week).	1 Application	Full Medical Underwriting

WHO IS ELIGIBLE (All eligibles must reside in state where product is approved)		
Active Employee/Member	Care Partner (spouse)	Parent (in-law)
Children (stepchild/adopted)	Brother/Sister (in-law)	Grandparent (in-law)

### AGENT CHECKLIST

- ✓ Does the Employer/Association have 5 or more actively-at-work Employees/Members;
- ✓ Did the Administrator of Employer/Association sign and date the Affiliation Worksheet;
- ✓ Did the Agent of Record sign and date the Affiliation Worksheet;
- ✓ Did the Agent of Record list their name, address, telephone, email address and producer code;
- ✓ If submitting Affiliation Worksheet with application submission, did the Agent of Record indicate on the cover page of the application the name of the Affiliation;

### BILLING OPTIONS & REQUIREMENTS

<b>Direct Bill</b>	Would like the bill sent directly to members/employees mailing address.
<b>100% Employer Paid – Send Bill to Employer</b>	5 or more applications are required from active employees to create one bill and send to the Employer.
<b>Payroll Deduction</b>	Require submission of Payroll Questionnaire and 10 or more applications from actively-at-work employees for payroll deduction.
<b>Alternate Billing Address (located on App)</b>	Under 5 applications, can request Alternate Billing located on page 2 of the application and a bill for each applicant will be mailed directly to Employer/Association.

### PERIODIC REVIEWS

MedAmerica reserves the right to the following:

- ✓ Review production reports on an annual basis to determine if current Agent of Record will remain exclusive.
- ✓ Change Employer bill to direct bill if membership/employee participation falls below minimum participation guidelines.

### EXISTING POLICYHOLDERS



Employees/Members with existing policies prior to approval of Affiliation can submit in writing a request for Affiliation discount on policy renewal date. Request must be submitted to MedAmerica prior to renewal date.

### SAMPLE INTRODUCTORY AND ENDORSEMENT LETTERS ARE AVAILABLE UPON REQUEST




# Sample Affiliation Program Worksheet

1

				Administrative Offices 165 Court St. Rochester, NY 14647 Fax: 585-238-3642	
<b>AFFILIATION WORKSHEET</b>					
Case Name:					
Case Address:					
City, State Zip:					
<b>Employer Representative</b>					
Name & Title:					
Phone:					
eMail:					
Signature of Employer Representative				Date	
<b>General Information</b>					
Case Type	.....	<input type="checkbox"/> Association	<input type="checkbox"/> Employer		
Is LTCi currently offered or Sponsored?	.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Number of Employees/Members	.....				
Location of Employees/Members	.....	<input type="checkbox"/> Single State	<input type="checkbox"/> Multiple States		
<b>Association Billing Option</b>					
<input type="checkbox"/> Direct Bill to Member					
<i>Bill sent directly to Member</i>					
<b>Employer Group Billing Options</b>					
<input type="checkbox"/> Direct Bill to Employee/Member					
<i>Bill sent directly to employees mailing address</i>					
<input type="checkbox"/> 100% Employer Paid - Billed to Employer (select one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Ann <input type="checkbox"/> Annual					
<i>5 or more applications (out of the 10 minimum) are required from actively-at-work employees to create one bill and send to the Employer.</i>					
<input type="checkbox"/> Payroll Deduction (Monthly Only)					
<i>Requires submission of Payroll Questionnaire and 10 or more applications from actively-at-work employees for payroll deduction</i>					
<b>Affiliation Commitment</b>					
The above named Affiliation has selected the Agent named below as the Agent of Record to market MedAmerica long term care insurance to all its eligible employees/members. In addition, the Affiliation agrees to support the Agent of Record in the implementation of a communication and enrollment program to all its eligible employees/members.					
<b>Agent Information - Please Print</b>					
Agent of Record Name					
Mailing Address					
City, State, Zip					
Producer Writing No.					
Email Address					
Supervising Agency					
Agent Signature				Date	
Send Completed form to: MedAmerica Sales Dept.		Or Fax Completed Form to:		(585) 238-3642	
<b>For Office Use Only:</b>					
Approval Signature:		Date:			
Group Number:		Comments:			
Exclusivity: <input type="checkbox"/> Yes		<input type="checkbox"/> No			
* Group exclusivity is at the discretion of MedAmerica.					
MedAmerica LTC vers: 2.0.0					

# Payroll Questionnaire

1



**MED America**  
An Exelis Company  
MedAmerica Insurance Company  
New Office - Pittsburgh, PA  
MedAmerica Insurance Company of New York  
New Office - Rochester, NY

## Payroll Feed Specifications

Date: \_\_\_\_\_

Group Name & Number: \_\_\_\_\_

◆ **Effective Date and Payment Due Date:**  
Long-term care insurance is a pre-paid insurance. Premium billing is issued either Monthly, Quarterly, Semi-Annually or Annually. **Premium is due on or before the insured's effective date.**  
For example, we notify the employer in June to payroll deduct in July to ensure our premium is received by August 1.

◆ **Number of Payroll Systems:**  
Will the group require separate bills for multiple payroll centers? If so, please complete a separate form for EACH of those different payroll centers.

◆ **Notification of the Premium Amount Needed:**  
Question: How will our payroll department be notified?  
Answer: We have 3 options available.  
Please check which option is required by your payroll department.  
**Remember that the option chosen here will dictate the required effective date of the insured's insurance coverage.**

\_\_\_ **Option 1: Electronic Notification:** Approximately 3 weeks prior 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 next month. Electronically we send a file by the 10<sup>th</sup> of the month.  
For example, we notify you electronically by Aug. 10<sup>th</sup> for all individuals that we will need premium for on Sept. 1.  
**Electronic Notification File format is standard and attached.**

\_\_\_ **Option 2: Electronic Notification-Increase Notification Time:** Approximately 7 weeks prior 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 file by the 10<sup>th</sup> of the month.  
For example, we notify you electronically by July 10<sup>th</sup> for all individuals that we will need premium for on Sept. 1. This option provides you more time to set up the payroll deduction.

\_\_\_ **Option 3: We need paper notification via fax of the deduction at the time the insured is issued coverage.**

◆ **Signed Authorization Requirements:** MedAmerica keeps a copy of the signed authorization for payroll deduction on file for the life of the insurance coverage and they are available to you on request.

Question: Does your company also require a copy of these authorizations to initiate the payroll deduction?  
Answer: \_\_\_ Yes \_\_\_ No

Question: Please check below who the employee can payroll deduct for:  
Answer: \_\_\_ Employee Only \_\_\_ Employee/Spouse \_\_\_ Employee/Spouse/Family Member

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◆ **Data Required on Electronic Payroll Feed:**  
We have 2 Options available.  
Please check the box that meets your needs.

**Option 1: Full monthly feed:** Each month MedAmerica will submit a complete file of all insureds that are receiving payroll deduction.

**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 are notified until MedAmerica notifies you there is a change.

◆ **Payment:**  
We have 2 Options available:

**Option 1: Wire:** The employer chooses to set up wire transfer into MedAmerica's account monthly for the premiums collected from payroll. With this option, the employer agrees to notify MedAmerica via email that the wire has been sent. If this option is selected, there is a form we need to complete to finalize the transaction.

**Option 2: Paper Check:** The employer chooses to pay monthly by check on the due date.

◆ **Reconciliation Report from Employer:** MedAmerica takes responsibility for all bill reconciliation and refunding to the insured.  
We have 2 Options available:

**Option 1:** The employer will send us an electronic file of the insureds that you have remitted premium for in the wire or the check. Additionally, we need a listing of all insureds that we requested payment for that you did not include in the premium (error log).

**Option 2:** The employer will fax us a hard copy (paper) listing of the insureds that you have remitted premium for in the wire or check. Additionally, we need a listing of all insureds that we requested payment for that you did not include in the premium (error log).

Please provide the following information for your payroll contact:

Payroll Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Your MedAmerica Group Billing Specialist will be (assigned after you return this form):

MedAmerica Payroll Contact Name: \_\_\_\_\_  
Telephone #: 1-800-544-0327  
Fax #: \_\_\_\_\_  
Email Address: @MedAmerica.TC.com  
Mailing Address: 165 Court Street Rochester, NY 14647

Signature of Authorized Group Representative \_\_\_\_\_ Print Name \_\_\_\_\_

PLEASE FAX THE SE COMPLETED PAGES TO 585-238-3642, ATTN: GROUP SALES SERVICES OR EMAIL TO GROUPSALES@MEDAMERICATC.COM

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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	MMDYYYY	Position 14 - 21
Bill To Date	8	MMDYYYY	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	xxxxxxxx.xx	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	xxxxxxxx.xx	Position 55 - 65
Check Date/ Period End Date	8	mmdd/yy	Position 66 - 73

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

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# Sample Rates (Employer Program)

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## Employer Program LTCI Monthly Rates\*

Monthly Benefit Amount: \$3,000  
 Elimination Period: 90 Day  
 Payment Period: Lifetime Payment  
 Community Benefit: 80%



Duration:	Single						Care Partner					
	36 mos.			60 mos.			36 mos.			60 mos.		
	None	Simple	Compound	None	Simple	Compound	None	Simple	Compound	None	Simple	Compound
18-19	\$9.11	\$17.21	\$48.57	\$10.12	\$24.30	\$82.27	\$8.01	\$11.38	\$30.74	\$8.80	\$18.04	\$41.44
20	\$9.11	\$18.22	\$18.00	\$11.14	\$25.32	\$86.31	\$9.01	\$12.03	\$32.08	\$1.35	\$16.70	\$12.12
21	\$9.11	\$19.24	\$19.62	\$12.16	\$26.32	\$91.31	\$9.01	\$12.70	\$32.71	\$3.02	\$17.38	\$14.77
22	\$10.12	\$20.25	\$51.84	\$13.15	\$27.35	\$97.31	\$9.80	\$13.38	\$34.06	\$6.07	\$18.71	\$48.78
23	\$10.12	\$21.26	\$53.87	\$14.17	\$28.36	\$103.30	\$10.59	\$14.03	\$35.11	\$8.38	\$19.88	\$56.10
24	\$11.14	\$23.25	\$55.85	\$14.17	\$29.35	\$109.34	\$11.37	\$14.75	\$36.35	\$9.35	\$20.72	\$59.12
25	\$11.14	\$24.30	\$58.70	\$15.19	\$30.41	\$117.36	\$12.15	\$15.47	\$37.42	\$10.03	\$22.05	\$61.45
26	\$12.15	\$25.32	\$62.72	\$16.19	\$31.42	\$126.00	\$12.92	\$16.20	\$38.75	\$10.93	\$22.72	\$63.16
27	\$13.17	\$27.34	\$68.75	\$18.20	\$32.48	\$134.04	\$13.68	\$17.00	\$40.00	\$10.83	\$24.72	\$65.47
28	\$13.17	\$28.35	\$73.78	\$17.21	\$33.49	\$141.07	\$14.45	\$17.78	\$41.10	\$11.30	\$26.00	\$67.47
29	\$14.17	\$30.37	\$80.81	\$18.22	\$34.51	\$149.12	\$15.21	\$18.57	\$42.13	\$11.93	\$27.10	\$69.17
30	\$15.19	\$32.40	\$87.04	\$20.25	\$35.54	\$157.15	\$16.00	\$19.37	\$43.11	\$12.38	\$28.74	\$71.45
31	\$16.20	\$33.41	\$93.86	\$21.26	\$36.57	\$165.19	\$16.78	\$20.18	\$44.11	\$13.02	\$30.71	\$73.19
32	\$17.21	\$35.44	\$102.00	\$22.27	\$37.60	\$173.24	\$17.57	\$21.00	\$45.11	\$14.71	\$32.74	\$75.16
33	\$18.22	\$37.48	\$110.04	\$23.28	\$38.63	\$181.29	\$18.36	\$21.83	\$46.11	\$16.04	\$34.06	\$76.17
34	\$19.24	\$40.50	\$118.08	\$24.29	\$39.66	\$189.34	\$19.15	\$22.67	\$47.11	\$17.00	\$35.05	\$77.81
35	\$20.25	\$43.52	\$126.12	\$25.30	\$40.69	\$197.39	\$19.94	\$23.52	\$48.11	\$18.04	\$36.75	\$79.51
36	\$22.27	\$46.57	\$134.16	\$26.31	\$41.72	\$205.44	\$20.73	\$24.37	\$49.11	\$19.38	\$37.76	\$81.16
37	\$23.28	\$49.62	\$142.20	\$27.32	\$42.75	\$213.49	\$21.52	\$25.22	\$50.11	\$20.72	\$39.19	\$82.85
38	\$25.30	\$52.67	\$150.24	\$28.33	\$43.78	\$221.54	\$22.31	\$26.07	\$51.11	\$22.05	\$40.11	\$84.20
39	\$27.32	\$55.72	\$158.28	\$29.34	\$44.81	\$229.59	\$23.10	\$26.92	\$52.11	\$23.39	\$41.78	\$85.51
40	\$29.34	\$58.77	\$166.32	\$30.35	\$45.84	\$237.64	\$23.89	\$27.77	\$53.11	\$24.40	\$43.13	\$86.67
41	\$31.36	\$61.82	\$174.36	\$31.36	\$46.87	\$245.69	\$24.68	\$28.62	\$54.11	\$25.73	\$44.77	\$87.22
42	\$33.38	\$64.87	\$182.40	\$32.37	\$47.90	\$253.74	\$25.47	\$29.47	\$55.11	\$27.16	\$46.11	\$88.28
43	\$35.40	\$67.92	\$190.44	\$33.38	\$48.93	\$261.79	\$26.26	\$30.32	\$56.11	\$28.74	\$47.10	\$89.24
44	\$37.42	\$70.97	\$198.48	\$34.39	\$49.96	\$269.84	\$27.05	\$31.17	\$57.11	\$29.74	\$48.11	\$90.24
45	\$39.44	\$74.02	\$206.52	\$35.40	\$50.99	\$277.89	\$27.84	\$32.02	\$58.11	\$30.74	\$49.11	\$91.24
46	\$41.46	\$77.07	\$214.56	\$36.41	\$52.02	\$285.94	\$28.63	\$32.87	\$59.11	\$31.74	\$50.11	\$92.24
47	\$43.48	\$80.12	\$222.60	\$37.42	\$53.05	\$293.99	\$29.42	\$33.72	\$60.11	\$32.74	\$51.11	\$93.24
48	\$45.50	\$83.17	\$230.64	\$38.43	\$54.08	\$302.04	\$30.21	\$34.57	\$61.11	\$33.74	\$52.11	\$94.24
49	\$47.52	\$86.22	\$238.68	\$39.44	\$55.11	\$310.09	\$31.00	\$35.42	\$62.11	\$34.74	\$53.11	\$95.24
50	\$49.54	\$89.27	\$246.72	\$40.45	\$56.14	\$318.14	\$31.79	\$36.27	\$63.11	\$35.74	\$54.11	\$96.24
51	\$51.56	\$92.32	\$254.76	\$41.46	\$57.17	\$326.19	\$32.58	\$37.12	\$64.11	\$36.74	\$55.11	\$97.24
52	\$53.58	\$95.37	\$262.80	\$42.47	\$58.20	\$334.24	\$33.37	\$37.97	\$65.11	\$37.74	\$56.11	\$98.24
53	\$55.60	\$98.42	\$270.84	\$43.48	\$59.23	\$342.29	\$34.16	\$38.82	\$66.11	\$38.74	\$57.11	\$99.24
54	\$57.62	\$101.47	\$278.88	\$44.49	\$60.26	\$350.34	\$34.95	\$39.67	\$67.11	\$39.74	\$58.11	\$100.24
55	\$59.64	\$104.52	\$286.92	\$45.50	\$61.29	\$358.39	\$35.74	\$40.52	\$68.11	\$40.74	\$59.11	\$101.24
56	\$61.66	\$107.57	\$294.96	\$46.51	\$62.32	\$366.44	\$36.53	\$41.37	\$69.11	\$41.74	\$60.11	\$102.24
57	\$63.68	\$110.62	\$303.00	\$47.52	\$63.35	\$374.49	\$37.32	\$42.22	\$70.11	\$42.74	\$61.11	\$103.24
58	\$65.70	\$113.67	\$311.04	\$48.53	\$64.38	\$382.54	\$38.11	\$43.07	\$71.11	\$43.74	\$62.11	\$104.24
59	\$67.72	\$116.72	\$319.08	\$49.54	\$65.41	\$390.59	\$38.90	\$43.92	\$72.11	\$44.74	\$63.11	\$105.24
60	\$69.74	\$119.77	\$327.12	\$50.55	\$66.44	\$398.64	\$39.69	\$44.77	\$73.11	\$45.74	\$64.11	\$106.24
61	\$71.76	\$122.82	\$335.16	\$51.56	\$67.47	\$406.69	\$40.48	\$45.62	\$74.11	\$46.74	\$65.11	\$107.24
62	\$73.78	\$125.87	\$343.20	\$52.57	\$68.50	\$414.74	\$41.27	\$46.47	\$75.11	\$47.74	\$66.11	\$108.24
63	\$75.80	\$128.92	\$351.24	\$53.58	\$69.53	\$422.79	\$42.06	\$47.32	\$76.11	\$48.74	\$67.11	\$109.24
64	\$77.82	\$131.97	\$359.28	\$54.59	\$70.56	\$430.84	\$42.85	\$48.17	\$77.11	\$49.74	\$68.11	\$110.24
65	\$79.84	\$135.02	\$367.32	\$55.60	\$71.59	\$438.89	\$43.64	\$49.02	\$78.11	\$50.74	\$69.11	\$111.24

\*For illustrative purposes only. Availability of benefits, options, riders and discounts may vary by state



# MEDAmerica

**MedAmerica Insurance Company**

Home Office: Pittsburgh, PA

**MedAmerica Insurance Company of New York**

Home Office: Rochester, NY

165 Court Street • Rochester, NY 14647