

# Long-Term Care Insurance

Employer Guide to Offering  
the State of Tennessee's Long-Term  
Care Insurance Program



## Employee Education Messages

- What is Long-Term Care?
- What are the Odds I Will Need Long-Term Care?
- Who Pays for Long-Term Care?
- How Does a Long-Term Care Need Affect My Lifestyle?
- How Does Long-Term Care Insurance Work?
- The Value of Long-Term Care Insurance
- Should I Consider Long-Term Care Insurance for My Parents or Adult Children?

*Not sure about the overall interest of your employees in long-term care insurance?*

A recent survey said when asked their greatest fear about having a long-term illness, people are over five times more worried about being a burden on their family than dying.<sup>4</sup> However, if you're not sure about your employees' interest, MedAmerica will provide you with an employee survey to find out for yourself.



## The Benefits of Offering Long-Term Care Insurance

### A long-term care event can happen to anyone at any age . . .

. . . and can quickly take an employee out of work whether the employee needs the care or provides the care. Health insurance and Medicare are not designed to pay for long term care, which forces workers to use their own money to pay for long term care needs, and potentially lose their savings, their retirement funds, and even college education funds set aside for their children. While they struggle to keep their jobs and be caregivers, these workers can experience stress, absenteeism, tardiness, distraction, and many will give up their jobs. What could this mean for employers?

- Loss of productivity, employees quitting their jobs, retraining and replacement costs. At least seven out of ten working caregivers leave the workforce entirely or make a substantial change such as reducing hours or transferring into a less demanding job.<sup>1</sup>

A tidal wave of caregiving is about to hit U.S. employers as the fastest growing segment of the workforce is age 55 and up — employees who are in their prime caregiving years.<sup>2</sup> Just under half (49%) of the workforce expects to provide care to a family member or friend in the next five years.<sup>3</sup>

Offering long-term care insurance as part of your employee benefit package can help increase your productivity and lower your costs related to employees who are caregivers.

### Employee Communication is Essential

MedAmerica provides the educational material necessary to successfully incorporate long-term care insurance into your benefits package.

If your employees fully understand the potential impact of providing long-term care to a family member, they may see the advantages of enrolling in your long-term care insurance program. And, they will appreciate more fully this employee benefit. MedAmerica can provide these or other components to you:

- Employer announcement letter mailed to the homes
- Educational e-letters
- Employee education sessions

<sup>1</sup> AARP, 2011

<sup>2</sup> Bureau of Labor Statistics, 2009

<sup>3</sup> Mature Market Institute, 2010

<sup>4</sup> AgeWave, 2010

### Step 1: Secure Management Support

Before the LTC-TN plan is offered to employees, it is important that senior managers understand how it can increase productivity by helping employees stay on the job when a caregiving need develops. One study showed that employees who are taking care of a family member who has long-term care insurance are twice as likely to stay in the workforce.<sup>5</sup>

### Step 2: Announcement Letter

Send a letter to each employee's home announcing long-term care insurance as an exciting new benefit available to employees, spouses and extended family members such as parents and in-laws and children aged 18-26. Mailing the letter to the homes makes the entire family feel included.

### Step 3: Educational Articles

MedAmerica will provide you with "e-letters" that build on each other to address a variety of long-term care issues that affect the lifestyles and finances of your employees. Sending these e-letters to your employees at regular intervals is the key to getting them interested in attending employee meetings.

### Step 4: Employee Education Sessions

Getting employees together in small groups for a brief CD or webinar presentation is the best way to summarize the details of this meaningful new employee benefit. In some cases, you may be able to schedule meetings conducted by an insurance professional. There will be no pressure to enroll, but all employees should have the opportunity to understand the benefits the company is offering to them. The insurance professional will explain the need for long-term care insurance, cover the specifics of the benefit options, and answer any questions. At the end of the educational session employees will understand:

- Anyone can need extended care due to an automobile or sporting accident, a brain tumor, MS, Lou Gehrig's disease or even early Parkinson's or Alzheimer's disease.
- Long-term care insurance can be the only thing that keeps a loved one out of a nursing home by providing money for the family to hire caregivers to care for the person at home.
- Ten hours of home care or care in a facility averages \$180-\$200 per day and will triple in 20 years if historical trends continue.<sup>6</sup>
- Long-term care services are not intended to be covered by health insurance, Medicare or disability income insurance as these programs cover short-term recovery care. Medicare only pays for limited long-term care services in very specific situations. Being able to hire caregivers can mean preserving the lifestyle they have worked so hard for vs. being responsible for someone else's care 24/7.



<sup>5</sup> America's Health Insurance Plans, 2008

<sup>6</sup> Agency on Healthcare Research and Quality, 2001 (historical trends); LTC Insurance Carrier Cost of Care Surveys, 2011 (current cost)

## LTC-TN qualifies for the Tennessee Long-Term Care Partnership plan.<sup>7</sup>

### What Does This Mean?

Not to be confused with the State Group Health Insurance PPO Partnership Program, the Tennessee Long-Term Care Partnership Program rewards the purchase of long-term care insurance by protecting assets equal to the long-term care insurance benefits paid when Medicaid (TennCare in Tennessee) is accessed. Without a partnership-certified policy, Medicaid will pay benefits only after you have spent down most of your assets to financially qualify. Further, families can't probate a will without a letter of release from TennCare that no money is owed to pay the state back for long-term care, and willing property to heirs does not protect it.<sup>8</sup>

Keep in mind, every dollar not paid by TennCare is a dollar that can stay in the state budget for other purposes.

### A Variety of Ways to Learn More About LTC-TN

Visit [www.LTC-TN.com](http://www.LTC-TN.com)

Call **866-615-5824**

Review the **enrollment kit** available on the website, or by calling the toll free number above for a kit to be sent in the mail.

### After the Enrollment

New hires who work full-time and are actively at work have a **one-time opportunity** to enroll in the LTC-TN plan with **no health questions** for 90 days.

<sup>7</sup> Applicants under age 76 must select the 5% compound inflation rider in order for their policy to be partnership-certified. Those age 76 and older do not need to purchase the inflation rider for partnership protection.

<sup>8</sup> Supreme Court of Tennessee (M2009-02107-SC-R11-CV-Filed May 30, 2012).

MedAmerica Insurance Company  
165 Court St.  
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1-866-615-LTCI (5824)  
[www.LTC-TN.com](http://www.LTC-TN.com)

## **LTC-TN**

### **State of Tennessee Employee and Retiree Long-Term Care Insurance Program Reference Guide for ABCs (Agency Benefits Coordinators)**

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#### **Need More Assistance?**

**Please contact our Customer Service Department at 1-800-544-0327  
Open 8:30 a.m. – 6 p.m. Eastern Standard Time  
or  
Leave a Voice Mail 24 hours/day**

#### **Other Sources of Information:**

**Customer Call Center toll-free: 1-866-615-LTCi (5824)  
Visit LTC-TN Website at: [www.LTC-TN.com](http://www.LTC-TN.com)**

# # 1. Eligibility

A. Question: **Who is eligible for the LTC-TN (Long Term Care Insurance Plan) (LTCIP)?**

Answer: **Age Minimum and Maximums: The minimum age for enrollment in the LTC-TN for any individual is 18 years of age. The maximum age for dependent child enrollment is 26 years. There is no age maximum for continued participation in the plan.**

**Participation Requirements: None. Employee, Retiree, or Dependent Survivor participation is not required for participation of eligible Dependents.**

## STATE

- Employee – An Individual who:
  - 1) is regularly scheduled to work not less than thirty (30) hours per week;
  - 2) is a seasonal or part-time employee with 24 months of service, and is certified by an appointing authority to work at least 1,450 hours per fiscal year who is hired prior to July 1, 2015; or
  - 3) is deemed eligible by applicable federal law, state law, or action of the State Insurance Committee.
- Retiree – An individual who:
  - 1) has left active employment; and
  - 2) receives a benefit from the Tennessee Consolidated Retirement System (TCRS), or is a member of one of the Higher Education Optional Retirement Plans(s)(ORP).

## LOCAL EDUCATION

- Employee –
  - 1) a teacher as defined in Tennessee Code Annotated, Section 8-34-101-(46);
  - 2) an interim teacher whose salary is based on the local school system's schedule;
  - 3) employees not defined above who are regularly scheduled to work at least 30 hours per week in a non-seasonal, non-temporary position;
  - 4) a non-certified employee who had completed 12 months of employment with a local education agency that participates in the plan and works a minimum of 25 hours per week. A resolution passed by the school system's governing body authorizing the expanded 25 hour rule for the local education agency must be sent to Benefits Administration before enrollment;
  - 5) school board members;
  - 6) all other Individuals deemed eligible by applicable federal law, state law, or action of the Local Education Insurance Committee.
- Retiree –
  - 1) an individual who: a) has retired from the employer; and b) receives a benefit from the Tennessee Consolidated Retirement System (TCRS) or participated in an optional retirement plan;
  - 2) a school board member who a) has retired from the school board, and b) has at least 20 years of service as a member of the same school board from which he retired.

## LOCAL GOVERNMENT

- Employee – An individual who:
  - 1) is scheduled to work at least 30 hours per week in a non-seasonal, non-temporary position;

- 2) any member of the chief legislative body of the county or municipal government (defined as only those elected officials who have the authority to pass local legislation);
  - 3) utility board members appointed or elected pursuant to TCA 7-82-307, but only during their term of service;
  - 4) county officials as defined in TCA 8-34-101(9)(A) and (B), regardless of whether the agency participates in the plan, pursuant to TCA 8-27-704(a);
  - 5) is deemed eligible by applicable federal law, state law, or action of the Local Government Insurance Committee.
- Retiree
    - 1) an individual who (a) has retired from the employer, and b) receives a benefit from the Tennessee Consolidated Retirement System (TCRS) or participated in an optional retirement plan;
    - 2) a utility board member who a) has retired from the utility board, and b) has at least 20 years of service as a member of the same utility district from which he retired.

**STATE, LOCAL EDUCATION, LOCAL GOVERNMENT**

- Dependent – An Individual who is:
  - 1) a legally married spouse of an employee or retiree of a State of Tennessee agency, Local Education participating agency, or Local Government participating agency; or
  - 2) an individual who, through the age of 26, is a natural or adopted child of an eligible employee or retiree; a stepchild of an eligible employee or retiree; or a child for whom an eligible employee or retiree is the legal guardian; or
  - 3) the survivor of an eligible employee or retiree.
- Parents of eligible active employees and retirees.
- Parents-in-law of eligible active employee and retirees.

**# 2. Medical Underwriting**

**A. Question: What kind of Medical Underwriting is done?**

**Answer: Medical Underwriting is based on your eligibility status. The enrollee (applicant) will either be:**

- 1) Guaranteed Issue requiring no health questions; OR
- 2) Full Medical Underwriting

**Eligible Individuals can enroll on line at LTC-TN.com OR request an enrollment kit by calling 1-800-544-0327 or 1-866-615-5824.**

**B. Question: Who is eligible for Guaranteed Issue?**

**Answer: Guaranteed Issue (Enrollment Form A) is available to the following Eligible Individuals:**

- 1) Active-at-Work Employees\* who apply for coverage **during an Open Enrollment Period**; AND
- 2) New Employees who apply for coverage within **90 days of their hire date**.

\*As defined on the enrollment forms: **To meet the Active-at-Work Requirement:** the Employee must meet the “Positive Pay Status Requirement”. The Employee must, on the day coverage is to begin, be at the employer’s place of business or at a location to which the employer’s business requires the Employee to travel and be able to fully perform the duties of the position for that Employee’s normal workday. It includes any day on which the Employee is on vacation or on authorized leave provided such absence is not due to illness or injury or Leave Without Pay.

**C. Question: Who requires Full Medical Underwriting?**

**Answer: Full Medical Underwriting (Enrollment Form B-Standard Issue) is required for the following Eligible Individuals:**

- 1) Any Employee who does **not** meet the State Insurance Plan's Active-at-Work Requirement.
- 2) Employees who choose to apply for coverage **after** the initial offering and new Employees who choose to apply for coverage **more than** 90 days after their hire date.
- 3) Retiree of the State of Tennessee, Local Education, or Local Government.
- 4) An Eligible Dependent(s) of an active Employee or Retiree.
- 5) A Parent(s) of an eligible active Employee or Retiree.
- 6) A Parent-in-law(s) of an eligible active Employee or Retiree.
- 7) Dependent Survivor(s) of an eligible active Employee or Retiree.

***Please note: The Eligible Employee or Retiree DOES NOT have to enroll for the Eligible Dependents, Parent(s) or Parents-in-law(s) to enroll.***

**D. Question: What does Full Medical Underwriting mean?**

**Answer: Full Medical Underwriting is a review of your past medical history, current health status, and current functional status to determine your eligibility for long-term care insurance.**

**Information is gathered using the following methods:**

- 1) **The Enrollment Form.**
- 2) **The Phone History Interview:** A representative from MedAmerica will contact you by phone to ask you a series of questions about your application, medical history, medications, current activities, and conduct a standardized cognitive screening exam. Standard questions are asked of all enrollees.
- 3) **The Face-to-Face Interview:** A personal interview by a registered nurse or a social worker representing MedAmerica that is conducted either in your home or at a convenient location for you. The clinician asks you a series of questions about your application, medical history, medications, current activities, and conduct a standardized cognitive screening exam. Standard questions are asked of all enrollees.
- 4) **Medical Records.**

Any fully underwritten enrollee (applicant) may be requested to participate in any or all of these methods. All information obtained during this process is confidential and used for insurance purposes only. Medical Underwriting can take from 2 to 6 weeks.

***Please Note: The enrollment wizard on the website LTC-TN.com will ask the enrollee (applicant) their eligibility/employment status for the plan and send them through the correct enrollment form questions based on their responses.***

### **# 3. Premium Payment**

**A. Question: How do the employees, retirees and other eligible individuals pay for the premium?**

**Answer: This is a voluntary insurance benefit. All premium payments are the responsibility of the insured (participant). The first premium payment is due on or before the effective date of coverage as listed in the insured's schedule page and on the due date of the bill for future payments.**

**MedAmerica offers several payment methods. The payment methods available to the insured (participant) include:**

- 1) **Direct Paper Billing:** The insured (participant) is paper billed by MedAmerica and pays MedAmerica directly by a check.
- 2) **Electronic Funds Transfer (EFT):** The insured (participant) authorizes MedAmerica to deduct the premium from their checking account.
- 3) **Payroll Deduction:** The insured (participant) authorizes MedAmerica, their employer, and/or the State Of Tennessee to deduct the premiums from their payroll or retirement check. **See # 5 Premium Deduction from Payroll/Retirement Check, page 8.**

**B. Question: How often do you bill?**

**Answer: The frequency of billing is referred to as the Payment Frequency or Mode.**

- 1) **Direct Paper Bill, EFT:** The insured (participant) chooses the payment frequency on the Enrollment Form. The choices are:
  - **Monthly-** Billed every month (only available with EFT); or
  - **Quarterly-** Billed every 3 months or 4 times per year; or
  - **Semi-annually-** Billed every 6 months or 2 times per year; or
  - **Annually-** Billed 1 time per year.
- 2) **Payroll Deduction:** Billed every month. **See #5- Premium Deduction from Payroll/Retirement Check, page 8.**

**C. Question: What kind of Grace Period does the insured (participant) have to pay their premium?**

**Answer: The following is the wording taken out of the certificate:**

“An initial Grace Period of 31 days will be granted for each premium that is unpaid on the date due. After 30 days, a notice will be sent to You, if You pay premium to Us directly, or to the Group Policyholder explaining that a payment has been missed and that Your Certificate risks lapsing. You or the Group Policyholder will have an additional 35 days from the date We mail notice to You during which any unpaid premium must be paid. Payment will allow Your Certificate to continue in force without interruption. Failure to pay any unpaid premium by the end of the Grace Period will result in the termination of Your Certificate as of the premium due date.”

**In summary, a total of three (3) notices are sent to the insured (participant) and/or lapse designee\*. The first two notices are sent 31 days after the due date of the bill: one to the insured and one to the lapse designee, if applicable. The third notice is the notice of cancellation for nonpayment sent to the insured at 65 days past the due date of the bill.**

**\*Lapse Designee is the person(s) you select to be notified 31 days after the premium is due and unpaid to protect against unintended cancellation of the coverage. The enrollee (applicant) is given the option on the enrollment form.**

**D. Question: How does an insured (participant) change their payment method or payment frequency?**

**Answer: The insured (participant) can change the frequency whenever they desire by sending MedAmerica a completed and signed Coverage Change Form. Samples are enclosed in this reference manual. The forms are available by calling our Customer Service Department at 1-800-544-0327 or 1-866-615-5824.**

## # 4. Effective Date of Coverage

**A. Question:** What is the effective date of coverage?

**Answer:** The Effective Date is the date the insurance coverage begins. The Effective Date will always be the 1st of the Month AFTER BOTH of the following have occurred:

- 1) MedAmerica accepts the enrollee (applicant) for coverage and delivers the certificate to the insured (participant); AND
- 2) MedAmerica has received the first premium payment. The first premium payment is due on or before the effective date of coverage as listed in the insured's (participant's) schedule page. See Sample Schedule-page 7.

**B. Question:** How are Effective Dates assigned by MedAmerica?

**Answer:** MedAmerica assigns the Effective Date when the certificate is issued. The date the certificate is issued is the same day we set up the first billing. MedAmerica assigns the effective date based on when the date of issue falls in the month AND the payment method the insured (participant) has chosen-See Charts Below.

### 1) Payment Method: Payroll Deduct-Sample Flow

Issue Date	Effective Date	Notification Date to State of TN Payroll = Bill Date by MedAmerica	Premium Due Date: Deductions Occur in Payroll/Retirement checks prior to this date	MedAmerica Reconciles Billing with Changes, Terms, etc
10/5/15-11/4/15	12/1/2015	11/5/2015	12/1/2015	12/1/15-12/4/15
11/5/15-12/4/15	1/1/2016	12/5/2015	1/1/2016	1/1/16-1/4/16
12/5/15-1/4/16	2/1/2016	1/5/2016	2/1/2016	2/1/16-2/4/16
1/5/16-2/4/16	3/1/2016	2/5/2016	3/1/2016	3/1/16-3/4/16
2/5/16-3/4/16	4/1/2016	3/5/2016	4/1/2016	4/1/16-4/4/16

**Ongoing Effective Date Example:** An employee electing payroll deduction is issued a certificate by MedAmerica on 1/5/16. Using the chart above you find the Issue Date 1/5/16 falls in the range of 1/5/16-2/4/16. The Effective Date of the certificate will be 3/1/16. State of TN Payroll will be notified on 2/5/16 to take the deduction in the payroll/retirement check between 2/5/16 and 2/29/16. The LTC premium is deducted from the same payroll/retirement check from which other insurance benefits are generally deducted. Premium payment will be sent to MedAmerica on or about 3/1/16 and MedAmerica will reconcile the March group bill from 3/1/16-3/4/16. Reconciliation means that MedAmerica makes any changes and deletes during that time to balance the premium received with the billed amount created on 2/5/16 when the file was originally sent to the State of TN. MedAmerica will then generate the next month's bill for the period from 4/1/16-4/30/16 and send an electronic notification to the State of TN on 3/5/16 for the next month's premium.

**Please note:** MedAmerica does not bill with a bill outstanding, therefore, we cannot generate the next month's bill until the current bill is reconciled. Any changes to coverage generally take at least two (2) months before the employee will note the change in the payroll deduction amount. MedAmerica will refund any overpayments to the employee when applicable.

### 2) Payment Method: Direct Paper Bill, EFT-Sample Flow

Issue Date	Effective Date	Premium Due Date	Bill Date
9/16/15-10/15/15	11/1/2015	11/1/2015	=Issue Date
10/16/15-11/15/15	12/1/2015	12/1/2015	=Issue Date
11/16/15-12/15/15	1/1/2016	1/1/2016	=Issue Date
12/16/15-1/15/16	2/1/2016	2/1/2016	=Issue Date
1/16/16-2/15/16	3/1/2016	3/1/2016	=Issue Date

**For example-** An eligible electing direct bill or EFT is issued a certificate on 11/01/15; Using the chart above you find the Issue Date 11/01/15 falls in the range of 10/16/15-11/15/15. The Effective Date of the certificate will be 12/1/15. The bill will be generated on 11/1/15 when the certificate is issued (Issue Date) and will be due on 12/1/15.

**C. Question:** How does a new insured (participant) know their effective date of coverage?

**Answer:** The Effective Date of coverage is on the insured's (participant's) Schedule of their certificate. This is a snapshot sample of what the schedule page of the certificate looks like.

**SAMPLE SCHEDULE**

<b>Certificateholder Name:</b>	JOHN DOE
<b>Certificate Effective Date:</b>	XX/XX/XXXX
<b>Certificateholder Issue Age:</b>	XX
<b>Premium Mode:</b>	[XXXXXXXXXX]
<b>Certificateholder Identification No.:</b>	[XXXXXXXXXXXX-XX]
<b>Group Name:</b>	The State of Tennessee
<b>Group Number:</b>	[XXXX]
<b>Total Premium:</b>	\$XXXX
<b><u>Total Initial Benefit</u></b>	
<b><u>LIFETIME BENEFIT AMOUNT</u></b>	
We will deduct from this amount all Benefits paid under this Certificate.	[\$ XXXXX]
<b><u>LIFETIME ELIMINATION PERIOD</u></b>	<input checked="" type="checkbox"/> 90 Calendar Days
<b><u>DAILY BENEFIT AMOUNT</u></b>	
For Nursing Facility, Assisted Living Facility, Bed Reservation, or Respite Care:	
Actual Charges incurred up to:	<u>\$100 or \$150 or \$200</u> Per Day
For Home Care, Adult Day Care or Hospice Program:	\$60 or \$90 or \$120 Per Day
Actual Charges incurred up to:	60% of Nursing Facility Daily Benefit Amount.
<b><u>BENEFIT DURATION</u></b>	3 Years (1095 days) or 5 Years (1825 days)
<b><u>INFLATION PROTECTION</u></b>	
None; Benefits remain level. <b><u>OR</u></b>	<input checked="" type="checkbox"/>
Compound Inflation Protection	<input checked="" type="checkbox"/>
Your Lifetime Benefit Amount and Daily Benefit Amount will each increase on every anniversary of the effective date of Your Certificate. Annual increases will apply to Benefits payable for any expenses You incur on or after the date of the increase. This first increase will be equal to 5% of Your original amounts. Each increase thereafter will be equal to 5% of the increased amounts that applied on the date of the prior increase.]	
<b>PREMIUM PAYMENT TERM</b>	
Lifetime or as long as the Insured Person wishes to keep the Certificate in force.	<input checked="" type="checkbox"/>

## # 5. Premium Deduction from Payroll/Retirement Check

A. Question: How does MedAmerica notify the employee or retiree of their deduction amount?

Answer: MedAmerica will provide written notification directly to the employee as to the effective date of coverage and amount of premium to be deducted from their payroll via their Schedule. Sample Schedule is on page 7. The certificate(s) are mailed on the issue date which is well in advance of the deductions being taken. See Sample Effective Date Charts on page 6.

B. Question: What happens when an employee leaves employment?

Answer: The State of TN will notify us electronically in an Edison file or the employee may notify us themselves. At that time, MedAmerica will notify the employee of their Right to Continuation of Coverage. The following is the wording taken from the certificate:

“If We are notified that You are no longer eligible for coverage under the Group Policy for any reason, You may continue coverage without interruption as long as You pay all premiums when due. If Your premium was paid by payroll deduction, You must pay premiums directly to Us.”

MedAmerica will automatically change the insured to direct bill quarterly and provide the insured the option of changing their payment method or payment frequency in the future.

## # 6. Benefit or Coverage Changes

A. Question: What if the insured (participant) wants to change their benefits?

Answer: Insureds (participants) who wish to change their benefits or coverage should do so by completing a Coverage Change Form and sending it to MedAmerica for processing. There are 2 change forms (samples attached):

- 1) Form TGR11-15830-MA-TN-601 is for Coverage Changes within 30 days of Coverage Issue Date and
- 2) Form TGR11-15831-MA-TN-601 is for Coverage Changes after 30 days of Coverage Issue Date.

Both of the forms are available by calling our Customer Service Department at 1-800-544-0327 or 1-866-615-5824.

## Coverage Change Form - CHANGES WITHIN 30 DAYS OF COVERAGE ISSUE DATE

**IDENTIFYING INFORMATION:**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Amount Collected \$ \_\_\_\_\_  
 Address: \_\_\_\_\_ This Amount Represents a:  
 City: \_\_\_\_\_  Benefit Change  Balance of Mode  
 State: \_\_\_\_\_ Zip \_\_\_\_\_  Premium Payment

**NEW Name:** \_\_\_\_\_

**NEW Address:** \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MY CURRENT PAYMENT METHOD IS: (CHOOSE 1, 2 OR 3)**

- 1)  Direct Bill      2)  Payroll/Retirement Deduction      3)  Bank Account Draft

**I WANT TO CHANGE MY PAYMENT METHOD TO: (CHOOSE 1, 2 OR 3 BELOW)**

- 1)  **Direct Bill:** Payment Frequency (Choose ONE)  Quarterly  Semi-Annual  Annual

- 2)  **Payroll/Retirement Deduction (Must be pre-approved by your employer.)**

I authorize my employer/ retirement system to deduct the applicable premium from my salary/ retirement. I authorize MedAmerica Insurance Company to adjust these deductions based on rate changes or changes in coverage as provided by my Policy. I may revoke this authorization at any time by written notice to my employer/ retirement system and to MedAmerica Insurance Company.

X \_\_\_\_\_  
**Insured Signature**

- 3)  **Bank Account Draft**  
**Account Type** (Account withdrawal is the 5th of the month.)  
 Checking

\_\_\_\_\_  
**Bank Name (Attach Voided Check)      Bank Account #**

**Payment Frequency (Choose ONE)**

- Monthly  Quarterly  Semi-Annual  Annual

I authorize my financial institution to automatically make payments to MedAmerica Insurance Company for my insurance. This authorization shall remain in force until I give notification of termination to my financial institution and MedAmerica Insurance Company in writing.

X \_\_\_\_\_  
**Signature of Account Holder**

X \_\_\_\_\_  
**Signature of Joint Account Holder**

## BENEFIT CHANGES WITHIN 30 DAYS OF COVERAGE ISSUE DATE

<b>1) Benefit Days</b> CURRENT: _____ Days      CHANGE TO: _____ Days	<b>2) Daily Benefit Amount</b> CURRENT: _____ Per Day      CHANGE TO: _____ Per Day (\$10 increments)
--	---

3) OTHER: \_\_\_\_\_

**Insured Signature:** X \_\_\_\_\_ **Date** \_\_\_\_\_



An Excellus Company

Home Office: Pittsburgh, PA

Administrative Offices:
165 Court Street
Rochester, NY 14647
1-800-544-0327

Coverage Change Form - CHANGES AFTER 30 DAYS OF COVERAGE ISSUE DATE

IDENTIFYING INFORMATION:

Name: Social Security #:
Address: Amount Collected \$
City: This Amount Represents a:
State: Zip
Benefit Change Balance of Mode
Premium Payment

NEW Name:
NEW Address:
City: State Zip

CANCELLATION REQUEST: I wish to cancel my Policy/Certificate as of:
Signature Date

MY CURRENT PAYMENT METHOD IS: (CHOOSE 1, 2 OR 3)

- 1) Direct Bill 2) Payroll/Retirement Deduction 3) Bank Account Draft

I WANT TO CHANGE MY PAYMENT METHOD TO: (CHOOSE 1, 2 OR 3 BELOW)

- 1) Direct Bill: Payment Frequency (Choose ONE) Quarterly Semi-Annual Annual
2) Payroll/Retirement Deduction (Must be pre-approved by your employer.)

I authorize my employer/ retirement system to deduct the applicable premium from my salary/ retirement. I authorize MedAmerica Insurance Company to adjust these deductions based on rate changes or changes in coverage as provided by my Policy. I may revoke this authorization at any time by written notice to my employer/ retirement system and to MedAmerica Insurance Company.

Insured Signature

3) Bank Account Draft
Account Type (Account withdrawal is the 5th of the month.)
Checking
Bank Name (Attach Voided Check) Bank Account #

Payment Frequency (Choose ONE)
Monthly Quarterly Semi-Annual Annual

I authorize my financial institution to automatically make payments to MedAmerica Insurance Company for my insurance. This authorization shall remain in force until I give notification of termination to my financial institution and MedAmerica Insurance Company in writing.

Signature of Account Holder Signature of Joint Account Holder

BENEFIT CHANGES AFTER 30 DAYS OF COVERAGE ISSUE DATE

1) Benefit Days CURRENT: Days DECREASE TO: Days
2) Daily Benefit Amount CURRENT: Per Day DECREASE TO: Per Day (\$10 increments)

3) OTHER (Decrease)

Insured Signature: X Date