

Proof of Guaranteed Issue

To prevent any delays in processing your application, please review the guidelines below and then follow the instructions to attach your proof of Guaranteed Issue. Your document must be in PDF, JPG or PNG format and saved locally to your computer.

GI Category/Scenario	Guidelines and Proof Required
<p>1. Medicare Advantage Plan is leaving Medicare, stops giving care in the Medicare beneficiary's area, or the Medicare Beneficiary moves out of plan's service area.</p>	<p>Applicant to submit Notice from prior carrier including coverage end date:</p> <ul style="list-style-type: none"> • End date must be no more than 60 days prior to application date or 63 days after coverage ends. • Notice must have carrier letterhead to indicate legitimacy. <p>Note: The MedSupp cannot be effective until the Med Advantage stops.</p>
<p>2. The Applicant has Original Medicare and an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays and the employer plan is ending.</p>	<p>Current date to apply must be no later than 63 days after the later of the following dates:</p> <ul style="list-style-type: none"> • Notice from carrier including coverage end date OR • Dated claim denial notification. <p>Applicant must submit proof of one of the above.</p>
<p>3. The Applicant has Medicare and a Medicare SELECT policy. The applicant moves out of the Medicare SELECT service area.</p>	<p>The applicant may select a MedSupp as early as 60 calendar days before the date the MedSelect coverage will end, but no later than 63 calendar days after.</p> <p>The Applicant must provide proof of moving out of the service area and a notice from the MedSelect insurer that the insured no longer is in the MedSelect Service Area.</p>
<p>4. (Trial Right) The Medicare Beneficiary joined a Medicare Advantage Plan or Programs of All-inclusive Care for the Elderly (PACE) when first eligible for Medicare Part A at 65, and within the first year of joining, the Medicare Beneficiary decides to switch to Original Medicare.</p>	<p>As early as 60 calendar days before the date MA or PACE coverage will end, but no later than 63 calendar days after the coverage ends, the Applicant may apply for MedSupp.</p> <p>The applicant must provide written confirmation (on Plan letterhead) that the applicant / Medicare beneficiary is exercising their right to leave the plan during the Trial Period.</p>
<p>5. (Trial Right) The Medicare Beneficiary dropped a Medigap (MedSupp) policy to join a Medicare Advantage Plan (or to switch to a Medicare SELECT policy) for the first time; the Medicare Beneficiary has been in the plan less than a year, and wants to switch back to Medicare.</p>	<p>As early as 60 calendar days before the date MA coverage will end, but no later than 63 calendar days after the coverage ends, the Applicant may apply for MedSupp.</p> <p>The applicant must provide written confirmation (on Plan letterhead) that the applicant / Medicare beneficiary is exercising their right to leave the plan during the Trial Period.</p>
<p>6. The Applicant's Medigap (MedSupp) insurance company goes bankrupt and the Medicare Beneficiary loses the MedSupp coverage, or the Medigap policy coverage otherwise ends through no fault of the Applicant.</p>	<p>The applicant may apply for new MedSupp coverage no later than 63 calendar days from the date the coverage ends.</p> <p>The applicant must provide a copy of the notice from the Insurance Carrier OR Regulator (such as the State Insurance Department) that confirms the coverage is ending, with the end date.</p>
<p>7. The Medicare Beneficiary leaves a Medicare Advantage Plan or drops a Medigap policy because the company hasn't followed the rules, or the plan misled the Medicare Beneficiary.</p>	<p>The applicant may apply for new MedSupp coverage no later than 63 calendar days from the date the coverage ends.</p> <p>The applicant must provide a copy of the notice from the Current Plan OR Regulator (such as CMS / Medicare or State Insurance Department) that confirms the coverage is ending for misrep, with the end date.</p>

NOTES:

In each scenario the applicant has Guaranteed Issue Rights to purchase a Medicare Supplement Plan A, B, C, F, K or L that is sold in the State.

In scenario #4, the applicant has Guaranteed Issue Rights to purchase ANY Medicare Supplement Plan sold in the State.

In scenario #5, the applicant first has the right switch back to the Med Advantage or MedSelect they had prior to the switch. If the prior Plan is no longer available, then the applicant has Guaranteed Issue Rights to purchase a Medicare Supplement Plan A, B, C, F, K or L that is sold in the State.

In Tennessee, the applicant also has Guaranteed Issue Rights to purchase a Medicare Supplement Plan sold in that state if the applicant is less than 65 and lost eligibility for health benefits under Medicaid or Title XXI (State Children's Health Insurance Program) of the Social Security Act within the past 6 months.

Instructions for Uploading Documents

1. Select the button below.
2. Select **GI Documentation** from the drop-down menu in Document Type.
3. Click **Choose File** to attach your documentation.
4. Then click **Upload**.