



NASSAU

Comprehensive coverage at a competitive price

MEDICARE SUPPLEMENT INSURANCE

Producer Introduction



LEARN MORE



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Nassau Financial Group



Innovator in Underwriting for Over 170+ Years

First to Reduce Rates for Women

Important Announcements

- **DIVIDENDS INCREASED**
Dividends will increase 10% to 12% effective January 1, 2000 - representing an average increase of approximately 11%.
- **NEW SUPER-COMPETITIVE POLICY**
NASSAU PROTECTIVE LIFE - \$25,000 minimum. Whole life plan with optional flexible benefit and 10% bonus value upon maturity. Based on 10% mortality. Economically low cost with "Super Protection" and 10% cash value for the life insurance industry.
- **SPECIAL RATES FOR WOMEN**
"Super Protection" used to mean at least age 35 and 10% cash value. Now, the "Super Protection" plan is available to women at age 18 and 10% cash value.

Phoenix Life was the first insurance carrier to offer reduced life insurance premium rates for women.

A Long History with Med Supp



Formed in 1913, Pyramid Life has a long history of providing Medicare Supplement coverage after President Johnson signed Medicare into law in 1965.

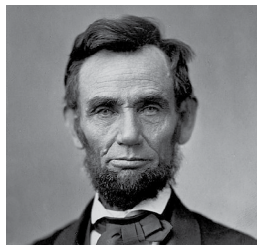
First to Discount Non-Smokers

Breathe Easy.

Our Non-Smoker Discount will increase your savings on insurance premiums without increasing your administrative payments. We've reduced monthly premiums by 10% for people who don't smoke cigarettes.

As the hazards of smoking gained public awareness, Phoenix was the first to offer discounted premiums on all policies to non-smokers.

Nassau is always working harder to be your carrier of choice. We build creative products that can help protect people's savings, deliver guaranteed income, and help pay for health care costs in retirement. We're dedicated to providing you with best-in-class service. We seek to keep things simple and will have your back in the years to come. Nassau Financial Group is headquartered in Hartford, Connecticut with \$24.3 billion in assets under management and 374,000 policyholders and contract holders.¹ We have been doing this a long time - 170 years - but we remain humble enough to always try to improve.



Our Rich History

We insured Abraham Lincoln and paid the claim to his survivors.

Nassau Financial Group



Headquartered in Hartford

"The Insurance Capital of the World"

Excellent



\$24.3B
Assets Under Management*



170+
Year Legacy



\$1.5B
Total Adjusted Capital*



374,000
Policies and Contracts*

Rated 4.9 out of 5 based on over **5,200 reviews** on ★ Trustpilot

*Assets under management, capital, and policies and contracts estimated as of 6/30/24. For more complete information, including financial information for specific Nassau Financial Group subsidiaries, visit nfg.com.

Why Choose Nassau?



Consistently Competitive Prices

At Nassau, we strive to remain a stable, reliable partner for you. We're dedicated to providing strong value for your clients so you can sell Nassau with confidence.

Easy Application

With only 16 yes/no underwriting questions (no tiering!) for most states, you can feel confident in our modern underwriting approach. Your clients' medications are automatically captured in our process, which is a big time saver, and you will receive your decision in minutes even if a tele-interview is needed.

Instant Decision

Utilizing a fully automated eApplication process, you can expect that most of your sales will be completed and a decision given in about 30 minutes, saving you valuable time and reducing unnecessary follow up.

Proven Track Record

Nassau Life Insurance Company of Kansas, the company that issues Nassau Medicare Supplement plans, was previously known as The Pyramid Life Insurance Company. Pyramid was formed in 1913 and has a long history of providing Medicare Supplement coverage.

Service You Can Count On

Manage your pending, placed and closed business and view critical case details on our agent portal. View our reviews on Trustpilot to see what real customers are saying about Nassau.

2023 Rates Changes: Strong, Steady Value for Clients

State	Plan A	Plan F	Plan G	Plan N	Effective Date
Alabama	4%	5%	4%	4%	8/1/23
Colorado	5%	5%	5%	5%	7/1/23
Delaware	4%	4%	4%	4%	8/1/23
Illinois	4%	6%	4%	4%	1/1/24
Indiana	5%	6%	5%	5%	10/1/23
Iowa	5%	5%	5%	5%	7/1/23
Kansas	5%	5%	5%	5%	7/1/23
Kentucky	4%	5%	4%	4%	9/1/23
Louisiana	5%	5%	5%	5%	9/1/23
Maryland	5%	5%	5%	5%	9/1/23
Michigan	4%	5%	4%	4%	7/1/23
Mississippi	5%	5%	5%	5%	10/1/23
Montana	5%	5%	5%	5%	7/1/23
Nebraska	7%	7%	7%	7%	8/1/23
Nevada	5%	5%	5%	5%	8/1/23
New Mexico	4%	5%	4%	4%	9/1/23
North Carolina	4%	5%	4%	4%	11/1/23
North Dakota	5%	5%	5%	5%	7/1/23
Ohio	4%	5%	4%	4%	7/1/23
Oklahoma	4%	5%	4%	4%	1/1/24
Pennsylvania*	4%	5%	4%	5%	10/1/23
South Carolina	4%	6%	0%	0%	9/1/23
South Dakota	5%	5%	5%	5%	7/1/23
Tennessee	4%	5%	4%	4%	10/1/23
Texas	4%	5%	4%	4%	9/1/23
Utah	5%	5%	5%	5%	9/1/23
Wyoming	6%	6%	6%	6%	7/1/23
Average	4.6%	5.0%	4.4%	4.4%	

*Includes Plan B: 4%



2024 Rates Changes: Competitive & Consistent Rates

State	Plan A	Plan F	Plan G	Plan N	Effective Date	7% HHD Definition*
Alabama	10%	10%	10%	10%	8/1/24	Roommate ¹
Colorado	10%	10%	10%	9%	7/1/24	Roommate ¹
Delaware	8%	8%	8%	8%	8/1/24	Roommate ¹
Illinois	10%	10%	10%	10%	1/1/25	Roommate ¹
Indiana	10%	10%	10%	10%	10/1/24	Roommate ¹
Iowa	10%	10%	10%	9%	7/1/24	Roommate ¹
Kansas	10%	10%	10%	10%	7/1/24	Roommate ¹
Kentucky	10%	10%	10%	10%	9/1/24	Roommate ²
Louisiana	10%	10%	10%	10%	9/1/24	Roommate ¹
Maryland	10%	10%	10%	10%	9/1/24	Roommate ¹
Michigan	10%	10%	10%	10%	7/1/24	Roommate ¹
Mississippi	9%	9%	9%	9%	10/1/24	Roommate ¹
Montana	10%	10%	10%	10%	7/1/24	Roommate ⁷
Nebraska	10%	10%	10%	10%	8/1/24	Roommate ¹
Nevada	10%	10%	10%	10%	8/1/24	Roommate ¹
New Mexico	10%	10%	10%	10%	11/1/24	Roommate ¹
North Carolina	9%	9%	9%	9%	11/1/24	Roommate ¹
North Dakota	10%	10%	10%	10%	7/1/24	Roommate ⁵
Ohio	10%	10%	10%	10%	7/1/24	Two Policyholder ³
Oklahoma	9%	9%	9%	9%	1/1/25	Roommate ⁶
Pennsylvania ²	7%	7%	7%	7%	10/1/24	Roommate/Two Policyholder ⁴
South Carolina	9%	9%	9%	7%	9/1/24	Roommate ¹
South Dakota	10%	10%	10%	10%	7/1/24	Roommate ¹
Tennessee	10%	10%	10%	9%	10/1/24	Roommate ¹
Texas	10%	10%	10%	10%	10/1/24	Roommate ¹
Utah	10%	10%	10%	10%	9/1/24	Roommate ¹
Wyoming	10%	10%	10%	10%	7/1/24	Roommate ¹
Average	9.7%	9.7%	9.7%	9.5%		

*Includes Plan B: 7%



* Nassau also offers Plan B in PA (2023: 4%, 2024: 7%). 7% Household Discount (HHD) effective dates vary and are subject to change.

1. Currently resides with a household resident (at least one, no more than three) who is age 50 or older, and has resided with that individual for at least 12 months.
2. Currently resides with a household resident (at least one, no more than three) who is age 18 or older, and has resided with that individual for at least 12 months.
3. Currently resides with a household resident (at least one, no more than three) who is age 50 or older, and who currently has, or is applying for a Medicare Supplement policy with our company, and has resided with that individual for at least 12 months.
4. Currently resides with a spouse or civil union partner, or with a Nassau Medicare Supplement policy holder or applicant.
5. Currently resides with another family member (including spouse) that has Medicare Supplement policy with Nassau.
6. Currently resides with a household resident (at least 1, no more than 3) who is age 50 or older and owns a Medicare Supplement policy with Nassau, and has resided with that person for more than 12 months
7. Currently resides with a household resident who is an adult and has resided with that individual for at least 12 months.

Fast Case Approval with Instant Decision

Receive a real-time underwriting decision within minutes of submitting an online application with your clients.

COMPLETE AN INTUITIVE ONLINE APPLICATION IN ABOUT 30 MINUTES

Household Discount
16 Yes/No Underwriting Questions (In Most States)
Real Time ID & Bank Account Verification
Automated Prescription Retrieval and Assessment
Client's Prescription Data Entered Automatically



SIGN THE APP YOUR WAY EMAIL OR PHONE



RECEIVE THE UNDERWRITING DECISION VIA EMAIL

Instant Approval, Decline, or Refer to Underwriter

- Call the underwriter with the client immediately, answer a few questions, and receive a decision upon completion
- Can take an additional 5-8 minutes
- **70% that get referred get approved!***

*Underwriting data and metrics based on Nassau internal data as of 5/31/2024.

Strong Compensation & Rewards

At Nassau, we recognize and reward producers directly from their first sale through consistent repeat business.*



We pay competitive commissions with a fast start underwriting bonus.



Increased recognition for those who consistently submit applications.



Top producers who qualify for our Nassau Elite program gain direct access to senior management and invitations to exclusive events.



Contact your marketing firm for more details.

*The bonus program application and issuance period may be limited and is for certain underwritten issued policies only. Contact Nassau or your upline for bonus program and Nassau Elite qualification/program details.

Underwriting Guide Overview

Please keep in mind that this document is meant to be a helpful overview; it is not all inclusive and both the guide and the underwriting guidelines within it are subject to revision and change at any time without notice.

Underwriting Guidelines

Unless an applicant qualifies for Open Enrollment or Guaranteed Issue, the applicant will be underwritten for coverage. Examples of underwriting involve:

1. All health questions on the application
2. Height and weight
3. Tobacco use
4. Review of Pharmacy Database information
5. Review of Medical Information Bureau (MIB) information
6. Possible telephone interview

Health Questions

The application health questions are designed in a yes/no format. Any “yes” answer to one of the health questions results in declination of the application. If all health questions are answered “no”, then the application can be submitted for further processing. Medical Information Bureau (MIB) and Pharmacy database (RX) inquiries are made to verify answers to the health questions. The tobacco question must be answered and is used to determine eligibility for Preferred rates. To qualify for Preferred rates, the applicant may not have used tobacco in the 12 months prior to this application and must meet the preferred build requirements that are outlined in the underwriting guide.



Generic Health Questions

1. Are you currently hospitalized or confined to a nursing facility, or are you bedridden, require the use of a wheelchair or motorized mobility aid, received home health care in the last 90 days, or have you had any amputation as a result of a disease?
2. Have you ever been treated for, diagnosed, or advised by a physician to have treatment for Acquired Immune Deficiency Syndrome (AIDS, AIDS Related Complex (ARC)), or Human Immunodeficiency Virus (HIV)?
3. Have you ever been treated for, diagnosed, or advised by a physician to have treatment for emphysema, chronic obstructive pulmonary disease (COPD), sarcoidosis, bronchiectasis, or other chronic pulmonary disorder or require the use of oxygen therapy to assist in breathing?
4. Have you ever been treated for, diagnosed, or advised by a physician to have treatment for Alzheimer's Disease, senile dementia, organic brain disease, or any other cognitive disorder?
5. Have you ever been treated for, diagnosed, or advised by a physician to have treatment for Parkinson's Disease, Systemic Lupus, Myasthenia Gravis, Huntington's Disease, Muscular Dystrophy, Multiple Sclerosis, or Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)?
6. Have you ever been treated for, diagnosed, or advised by a physician to have treatment for liver failure, cirrhosis, or chronic hepatitis B or C?
7. Have you ever been treated for, diagnosed, or advised by a physician to have treatment for chronic kidney disease (stages 3-5), kidney failure, end stage renal disease (ESRD) or have you received kidney dialysis?
8. In the past 2 years, have you been advised by a physician to have surgery, medical tests, treatment, or therapy that has not been performed or had medical test(s) for which you have not received the results?
9. Have you ever had an organ transplant or ever been advised by a physician to have an organ transplant?
10. Have you been hospitalized two or more times in the past 24 months?
11. In the past 2 years, have you been treated for, diagnosed or advised by a physician to have treatment for angina, congestive heart failure, heart attack, heart valve disorder, cardiomyopathy, heart rhythm disorder requiring pacemaker or defibrillator, enlarged heart, coronary artery disease, carotid artery disease, stroke, transient ischemic attack (TIA), aneurysm, peripheral vascular disease, or had heart or circulatory surgery of any type including angioplasty, bypass, stent placement or valve replacement?
12. In the past 2 years, have you been treated for, diagnosed, or advised by a physician to have treatment for mental or nervous disorder from a psychiatrist, alcohol, or drug abuse to include prescription and non-prescription medications?
13. In the past 2 years, have you been treated for, diagnosed, or advised by a physician to have treatment for osteoporosis with fractures, moderate to severe osteoarthritis, psoriatic arthritis, or rheumatoid arthritis?
14. In the past 2 years, have you been treated for, diagnosed, or advised by a physician to have treatment for diabetes requiring insulin or any complications from diabetes (insulin and non-insulin) including retinopathy, neuropathy, or nephropathy (kidney disease)?
15. In the past 3 years, have you been treated for, diagnosed or advised by a physician to have treatment for internal cancer, malignant melanoma, Hodgkin's Disease, leukemia, or multiple myeloma?
16. In the past year, have you received treatment from a pain clinic or had any medication administered in a physician's office through injection or IV infusion or are any scheduled or anticipated (excluding Cortisone, testosterone, flu, immunization, vitamin B-12, and allergy shots)?

State-Specific Variations of Health Questions

Illinois

For all questions that include physician, we add: “or licensed medical professional” after the word “physician.” This pertains to all questions except #1, #10 and #16.

Indiana

Questions #3, #4 and #8 are modified to read: “In the past 5 years” (instead of “have you ever”).

Kentucky

The tobacco question, and height and weight are moved to the medical underwriting section as Questions #1 and #2; all remaining questions are renumbered (Questions #3-18 on the KY app align to generic questions #1-16). The tobacco question includes the following disclaimer: “If you answered yes to this question, it will not disqualify you from getting a Med Supp policy.” Question 4 is modified to read: “Have you ever tested positive for Human Immunodeficiency Virus (HIV) infection or other health conditions derived from such infection, including Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC)?”

Maryland

The Personal Care Physician, tobacco question, and height and weight are moved to the medical underwriting section as Questions #1-4; all remaining questions are renumbered (Questions #5-20 on the MD app align to generic questions #1-16). Questions #6-13 on the MD app (generic questions #2-9) including “Have you ever been” are modified to read: “In the past 7 years, have you been”, and Question #5 (generic question #1) is modified to read: “Are you currently hospitalized or confined to a nursing facility or are you bedridden, require the use of a wheelchair or motorized mobility aid, received home health care in the last 90 days or have you had any amputation due to disease in the past 7 years?”

North Carolina

On the North Carolina application, the tobacco question is moved to the medical underwriting section as Question #16. Question #2 is modified to read: “Has any person to be insured tested positive for exposure to the Human Immunodeficiency Virus (HIV) infection or been diagnosed and advised by a physician that they have Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?”

North Dakota

Question #2 is modified to read: “Have you been diagnosed or treated by a member of the medical profession as having AIDS, ARC or the HIV infection?”

Ohio

Question #8 is modified to read: “Have you ever been advised by a physician to have surgery, medical tests (excluding HIV), treatment or therapy that has not ever been performed or had medical test(s) (excluding HIV) for which you have not received the results?” Question #16 is removed.

Pennsylvania

The tobacco question and height and weight are moved to the medical underwriting section as Questions #1 and #2; all remaining questions are renumbered (Questions #3-18 on the PA app align to generic questions #1-16). For Questions #4-12 on the PA app (generic Questions #2-10), we modify to read “within the last 5 years” (instead of “if ever” or “within last 2 years”). For Questions #4-9 on the PA app (generic Questions #2-7) and #13-17 (generic questions #11-15), the term “been diagnosed” is modified to “been medically diagnosed” and “been treated” has been modified to “been medically treated.” Question #18 is modified to: “To the best of your knowledge and belief, in the past year, have you received treatment”.

Utah

For Question #1, we add “or have you” before “received home health care.” For Question #9, we add “or had an amputation due to disease.” For Question #10, we remove the word “ever” from the question.

Height & Weight Unisex Build Chart

Height	Weight		
	<i>Minimum</i>	<i>Maximum (Preferred)</i>	<i>Maximum (Standard)</i>
4'2"	54	124	146
4'3"	56	129	152
4'4"	58	135	158
4'5"	60	140	164
4'6"	63	145	171
4'7"	65	151	177
4'8"	67	156	181
4'9"	70	162	188
4'10"	72	167	193
4'11"	75	173	201
5'0"	77	179	207
5'1"	80	185	215
5'2"	83	191	221
5'3"	85	198	229
5'4"	88	204	238
5'5"	91	210	244

Height	Weight		
	<i>Minimum</i>	<i>Maximum (Preferred)</i>	<i>Maximum (Standard)</i>
5'6"	93	217	252
5'7"	96	223	259
5'8"	99	230	268
5'9"	102	237	274
5'10"	105	244	283
5'11"	108	251	290
6'0"	111	258	300
6'1"	114	265	306
6'2"	117	273	316
6'3"	121	280	326
6'4"	124	288	333
6'5"	127	295	344
6'6"	130	303	351
6'7"	134	311	361
6'8"	137	319	368
6'9"	140	327	379

Uninsurable Health Conditions

This is not intended to be an all-inclusive list of declinable impairments. State variations may apply.

- ☐ AIDS, ARC or HIV
- ☐ Alzheimer's disease
- ☐ Aneurysm last 2 years
- ☐ Aphasia
- ☐ Bronchiectasis
- ☐ Cancer- Internal last 3 years
- ☐ Cardiac ablation within six months
- ☐ Cardiomyopathy
- ☐ Carotid Artery Disease last 2 years
- ☐ Chronic Asthma
- ☐ Chronic Bronchitis
- ☐ Chronic Hepatitis B or C
- ☐ Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)
- ☐ Chronic Kidney Disease / Kidney Failure (Stages 3-5)
- ☐ Chronic pulmonary disorder requiring oxygen
- ☐ Chronic Relapsing Polyneuropathy (CRP)
- ☐ Congestive Heart Failure last 2 years
- ☐ COPD
- ☐ Coronary Artery Disease last 2 years
- ☐ Currently in physical therapy, hospitalized, bedridden, require a wheelchair or motorized mobility aid
- ☐ Dementia
- ☐ Diabetes medications (non-insulin), three or more
- ☐ Diabetes requiring insulin or any complications from diabetes (insulin and non-insulin) including retinopathy, neuropathy, or nephropathy last 2 years
- ☐ Drug abuse to include prescription and non-prescription last 2 years
- ☐ Emphysema
- ☐ End Stage Renal Disease (ERSD)
- ☐ Enlarged heart last 2 years
- ☐ Heart Attack last 2 years
- ☐ Heart or circulatory surgery including angioplasty, bypass, stent, or valve replacement last 2 years
- ☐ Heart rhythm disorder requiring a defibrillator
- ☐ Heart Rhythm disorder requiring a pacemaker and a non-blood thinner maintenance medication (Ex: sotalol, metoprolol)
- ☐ Heart Rhythm disorder requiring a pacemaker within the last two years (over 2 years is acceptable)
- ☐ Heart Valve Disorder last 2 years
- ☐ High blood pressure meds, four or more
- ☐ Hodgkin's Disease last 3 years
- ☐ Hospitalized two or more times in last 2 years
- ☐ Huntington's Disease
- ☐ Injection therapy required for any medical conditions (we accept prolia, reclast, cortisone, botox)
- ☐ Joint replacement or surgery within the last 6 months
- ☐ Kidney Dialysis
- ☐ Leukemia last 3 years
- ☐ Liver Cirrhosis
- ☐ Liver Failure
- ☐ Macular degeneration with injection
- ☐ Malignant Melanoma last 3 years
- ☐ Multiple Myeloma last 3 years
- ☐ Multiple Sclerosis
- ☐ Muscular Dystrophy
- ☐ Myasthenia Gravis
- ☐ Organ Transplant
- ☐ Organic Brain Disease
- ☐ Osteoporosis with fall or fractures within 2 years or injection therapy other than Prolia or Reclast
- ☐ Parkinson's Disease
- ☐ Peripheral vascular disease last 2 years
- ☐ Psoriatic Arthritis
- ☐ Pulmonary Hypertension
- ☐ Rheumatoid Arthritis
- ☐ Sarcoidosis
- ☐ Sjogren's Syndrome
- ☐ Systemic Lupus
- ☐ Transient ischemic attack last 2 years

Uninsurable Medications

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Abemaciclib (Verzenio) | <input type="checkbox"/> Diroximel (Vumerity) | <input type="checkbox"/> Leflunomide (Arava) | <input type="checkbox"/> Rituximab (Rituxan) |
| <input type="checkbox"/> Acetylsalicylic acid / Dipyridamole (Aggrenox) | <input type="checkbox"/> Disulfiram (Antabuse) | <input type="checkbox"/> Letrozole (Femara, Kisqali) | <input type="checkbox"/> Rivastigmine (Exelon) |
| <input type="checkbox"/> Adalimumab (Humira) | <input type="checkbox"/> Efavirenz (Sustiva) | <input type="checkbox"/> Leuprolide (Eligard, Lupron, Viadur) | <input type="checkbox"/> Rotigotine (Neupro) |
| <input type="checkbox"/> Aducanumab (Aduhelm) | <input type="checkbox"/> Emtricitabine (Atripla, Emtriva, Coviracil) | <input type="checkbox"/> Levodopa (Sinemet, Duopa, Parcopa) | <input type="checkbox"/> Sacubitril/Valsartan (Entresto) |
| <input type="checkbox"/> Aldesleukin (Proleukin) | <input type="checkbox"/> Enfuvirtide (Fuzeon) | <input type="checkbox"/> Lioresal (Baclofen) | <input type="checkbox"/> Safinamide (Xadago) |
| <input type="checkbox"/> Amantadine (Gocovri, Osmolex, Symmetrel) | <input type="checkbox"/> Entacapone (Comtan, Stalevo) | <input type="checkbox"/> Lithium | <input type="checkbox"/> Sarilumab (Kevzara) |
| <input type="checkbox"/> Anakinra (Kineret) | <input type="checkbox"/> Entyvio (Vedolizumab) | <input type="checkbox"/> Lomustine (Gleostine) | <input type="checkbox"/> Selegiline (Eldepryl, Emsam, Zelapar) |
| <input type="checkbox"/> Anastrozole (Arimidex) | <input type="checkbox"/> Eplerenone (Inspra) | <input type="checkbox"/> Megestrol (Megace) | <input type="checkbox"/> Siponimod (Mayzent) |
| <input type="checkbox"/> Apomorphine (Apokyn, Kynmobi)) | <input type="checkbox"/> Epoetin alfa (Epogen, Procrit, Eprex) | <input type="checkbox"/> Melphalan (Evomela) | <input type="checkbox"/> Sodium zirconium cyclosilicate (Lokelma, Kalexate, SPS, and Kionex) |
| <input type="checkbox"/> Aricept (Donepezil) | <input type="checkbox"/> Ergoloid (Hydergine) | <input type="checkbox"/> Memantine (Namenda, Namzaric) | <input type="checkbox"/> Sulfasalazine (Azulfidine) |
| <input type="checkbox"/> Azathioprine (Azasan, Imuran) | <input type="checkbox"/> Etanercept (Enbrel) | <input type="checkbox"/> Methadone (Methadose, Dolophine) | <input type="checkbox"/> Tamoxifen (Nolvadex, Soltamox) |
| <input type="checkbox"/> Benzotropine (Cogentin) | <input type="checkbox"/> Everolimus (Afinitor) | <input type="checkbox"/> Methotrexate | <input type="checkbox"/> Teriflunomide (Aubagio) |
| <input type="checkbox"/> Betaseron | <input type="checkbox"/> Exemestane (Aromasin) | <input type="checkbox"/> Methylprednisolone (Medrol) - Injection | <input type="checkbox"/> Teriparatide (Forteo) |
| <input type="checkbox"/> Bictegravir (Biktarvy) | <input type="checkbox"/> Fentanyl (Duragesic, Abstral, Subsys) | <input type="checkbox"/> Metoclopramide (Reglan) | <input type="checkbox"/> Theophylline |
| <input type="checkbox"/> Botulinum Toxin (Botox) | <input type="checkbox"/> Fingolimod (Gilenya) | <input type="checkbox"/> Metolazone | <input type="checkbox"/> Thioridazine (Mellaril) |
| <input type="checkbox"/> Breztri Aerosphere (budesonide, glycopyrrolate, formoterol fumarate inhalation aerosol.) | <input type="checkbox"/> Fluphenazine (Modecate, Prolixin, Moditen, Permitil) | <input type="checkbox"/> Mycophenolate Mofetil (CellCept) | <input type="checkbox"/> Thiotepa (Tespa, Thioplex) |
| <input type="checkbox"/> Bromocriptine (Cycloset, Parlodel) | <input type="checkbox"/> Fosamprenavir (Lexiva) | <input type="checkbox"/> Naloxone (Narcan, Evzio) | <input type="checkbox"/> Thiothixene (Navane) |
| <input type="checkbox"/> Buprenorphine (Belbuca, Butrans, Probuphine, Buprenex) | <input type="checkbox"/> Furosemide ≥ 60mg/day (Lasix) | <input type="checkbox"/> Natalizumab (Tysabri) | <input type="checkbox"/> Ticagrelor (Brilinta) |
| <input type="checkbox"/> Busulfan (Myleran) | <input type="checkbox"/> Galantamine (Razadyne) | <input type="checkbox"/> Ndinavir (Crixivan, IDV) | <input type="checkbox"/> Tiotropium (Spiriva) |
| <input type="checkbox"/> Capecitabine (Xeloda) | <input type="checkbox"/> Glatiramer (Copaxone, Glatopa) | <input type="checkbox"/> Nebulizer | <input type="checkbox"/> Tipranavir (Aptivus) |
| <input type="checkbox"/> Carbidopa (Sinemet, Duopa, Lodosyn, Parcopa, Stalevo, Rytary) | <input type="checkbox"/> Golimumab (Simponi) | <input type="checkbox"/> Nitroglycerin | <input type="checkbox"/> Tocilizumab (Actemra) |
| <input type="checkbox"/> Chlorpromazine (Largactil, Thorazine) | <input type="checkbox"/> Goserelin (Zoladex) | <input type="checkbox"/> Ocrelizumab (Ocrevus) | <input type="checkbox"/> Tolcapone (Tasmar) |
| <input type="checkbox"/> Cilostazol (pletal) | <input type="checkbox"/> Haloperidol (Haldol) | <input type="checkbox"/> Ofatumumab (Kesimpta) | <input type="checkbox"/> Trastuzumab (Enhertu, Herceptin) |
| <input type="checkbox"/> Cinacalcet (Sensipar) | <input type="checkbox"/> Hydroxychloroquine (Plaquenil) | <input type="checkbox"/> Olanzapine (Zyprexa, Zidis) | <input type="checkbox"/> Trastuzumab (Herceptin) |
| <input type="checkbox"/> Cladribine (Mavenclad) | <input type="checkbox"/> Hydroxyurea (Droxia, Hydrea) | <input type="checkbox"/> Opicapone (Ongentys) | <input type="checkbox"/> Trifluoperazine (Stelazine) |
| <input type="checkbox"/> Clozapine (Clozaril, FazaClo, Versacloz) | <input type="checkbox"/> Incruse Ellipta (Umeclidinium) | <input type="checkbox"/> Ozanimod (Zeposia) | <input type="checkbox"/> Trihexyphenidyl (Artane, Trihex) |
| <input type="checkbox"/> Cyclophosphamide (Cytoxan) | <input type="checkbox"/> Infliximab (Avsola, Remicade) | <input type="checkbox"/> Palbociclid (Ibrance) | <input type="checkbox"/> Triptorelin (Trelstar) |
| <input type="checkbox"/> Cyclosporine (Gengraf, Neoral, Sandimmune) | <input type="checkbox"/> Injections (We accept Prolia, reblast, cortisone, botox) | <input type="checkbox"/> Pentoxifylline (Trental, Pentoxil, and Pentoxifylline SR) | <input type="checkbox"/> Tymlos (Abaloparatide) |
| <input type="checkbox"/> Darbepoetin (Aranesp) | <input type="checkbox"/> Interferon (Avonex, Betaseron, Rebif, Plegridy) | <input type="checkbox"/> Perphenazine | <input type="checkbox"/> Ursodial |
| <input type="checkbox"/> Darunavir (Prezista) | <input type="checkbox"/> Invega (Paliperidone) | <input type="checkbox"/> Pramipexole (Mirapex) | <input type="checkbox"/> Ustekinumab (Stelara) |
| <input type="checkbox"/> Delavirdine (Rescriptor) | <input type="checkbox"/> Isosorbide mononitrate (Imdur, Monoket, ISMO) | <input type="checkbox"/> Prednisone (>10 mg/day) | <input type="checkbox"/> Valganciclovir (Valcyte) |
| <input type="checkbox"/> Dexamethasone (Decadron, Ozurdex) | <input type="checkbox"/> Istradefylline (Nourianz) | <input type="checkbox"/> Quetiapine (Seroquel) | <input type="checkbox"/> Vincristine (Oncovin, Vincasar) |
| <input type="checkbox"/> Dextromethorphan (Nuedexta) | <input type="checkbox"/> Kenacort (TGriamcinolone) | <input type="checkbox"/> Ranolazine (Ranexa) | <input type="checkbox"/> Vyndamax (Tafamidis) |
| <input type="checkbox"/> Didanosine (Videx, ddl) | <input type="checkbox"/> Kerendia (Finerenone) | <input type="checkbox"/> Rasagiline (Azilect) | <input type="checkbox"/> Zalcitabine (Hivid, ddC) |
| <input type="checkbox"/> Dimethyl fumarate (Tecfidera) | <input type="checkbox"/> Lamivudine (Combivir, 3TC, Epivir, Trizivir) | <input type="checkbox"/> Ribavirin (Rebetol, Virazole) | <input type="checkbox"/> Zidovudine (AZT, ZDV, Retrovir) |
| | <input type="checkbox"/> Lapatinib (Tykerb) | <input type="checkbox"/> Ribociclib (Kisqali) | <input type="checkbox"/> Ziprasidone (Geodon) |
| | | <input type="checkbox"/> Risperdal (Risperidone) | <input type="checkbox"/> Zoledronic acid (Reclast, Zometa) |

Frequently Asked Questions



General Information

What plan types does Nassau Life Insurance Company of Kansas currently offer?

Nassau offers plans A, F, G and N, as well as Plan B in Pennsylvania. Note, Plan F is only available to those eligible for Medicare prior to 2020. Visit the Nassau Medicare Supplement landing page on SalesNet for current state and plan availability information: salesnet.nfg.com/medicare-supplement-insurance.html.

What is the Medicare Access and CHIP Reauthorization Act (MACRA)?

MACRA is legislation that became effective on April 16, 2015 which, among other things, eliminated the Plan C and Plan F options for individuals newly eligible for Medicare. Nassau offers a very competitively priced Plan F option, but this plan is only available to individuals eligible for Medicare prior to January 1, 2020.

Where can I obtain approved Nassau Medicare Supplement solicitation materials?

Nassau currently has telephone scripts approved for use with consumers. We have a wide range of additional marketing materials available for use that can be found on our agent portal. Check the Nassau Medicare Supplement page on SalesNet for current information, including state-specific materials. **NOTE: Nassau's Compliance Department must approve any materials which use the Nassau name or logo.** Producers must be appropriately licensed to sell Medicare Supplement insurance and appointed by Nassau Life Insurance Company of Kansas prior to solicitation and submission of an application.

Are all applications subject to the underwriting process?

Unless an applicant qualifies for Open Enrollment or Guaranteed Issue, the applicant will be underwritten for coverage. For more information regarding Open Enrollment and Guaranteed Issue guidelines, reference the regulations in your state and see the "Choosing a Medigap Policy" CMS Guide.

What restrictions apply to applicants receiving Medicaid benefits?

It is typically not suitable to sell a Medicare Supplement insurance policy to an individual on Medicaid, except in certain situations. If an applicant answers "Yes" to Question 7 under Section 4 (General Questions) of the application, the answers to the subsequent questions are required and Nassau may request additional information to determine if the application can be accepted.

Frequently Asked Questions

Process

Auto Decline: Applications that are system generated auto decline will be reviewed by underwriting. Some applications can be approved after underwriting review and speaking with the client.

What happens if an MIB inquiry indicates a discrepancy in answers provided?

If the MIB inquiry response indicates there may be a discrepancy in answers to the health questions, then the case will be referred for further investigation and questions from an interviewer to resolve the information discrepancy. This may result in a declination, approval or incompleteness of the application depending on the response provided by the applicant to the interviewer.

What happens if an RX inquiry indicates a discrepancy in answers provided?

If the RX inquiry response indicates there may be a discrepancy in answers to the health question, then the case will be may be declined or referred for further investigation and questions from an interviewer to resolve the discrepancy. This may result in a declination, approval or referral to an underwriter for review.

What if an applicant wants to use a Power of Attorney (POA)?

Nassau does not currently support an application to be submitted by a POA on behalf of an applicant.

Are P.O. Boxes accepted?

The applicant must provide a valid primary residential address, which will determine the State of policy issuance. If the applicant wishes to have their documents mailed to a P.O. Box, that information should be entered in the mailing address fields.

Can the applicant select the policy effective date?

All policies are effective the 1st of the month. The applicant can choose the month up to 90 days in the future.

During the application process, do I need to view every page of the “Guide to Health Insurance for People with Medicare?”

While the guide must be provided to the applicant prior to submitting the application, it is not necessary to review every page with the applicant. You can click on the OPEN chevron in the upper left corner of the screen to move to the next form. (Please inform the applicant that they will receive the Guide as part of the enrollment and that it is an excellent educational resource. You should also be familiar with the content of this guide, particularly the information concerning illegal practices.)

Frequently Asked Questions

If a client is seeking a Guaranteed Issue policy, is proof of eligibility required prior to submitting an application?

Yes. Please see the "Proof of GI" document accessible here: https://assets.nfg.com/med_supp/Proof_of_GI.pdf

If an applicant is approved for a policy but changes their mind and does not want it, what can the producer do to prevent policy issue and premium draft?

The producer can contact the New Business department (1.800.541.0171) to withdraw the application prior to policy issue, which typically occurs within 2 business days of the application submission.

Premiums

What is the timing of the first and recurring premiums?

A checking account must be provided at time of application. Monthly, Quarterly, Semi-Annual, and Annual EFT options are available. The initial premium is deducted from the account the day after the policy is issued. Recurring deductions start on or about the first of the month following the effective date, depending on the frequency elected. After the first premium is drafted via EFT, the client may arrange payment options per quarter or per year. If a payment date falls on a weekend or holiday, the bank draft will occur on the next business day.

Can the premium deduction date be changed after the policy is issued?

Yes, the premium deduction date can be changed to any day between the 1st and 28th of the month. After the policy is issued, the client can request changes to the draft date and mode by calling Policyholder Services at 1-800-999-2224.

Are premium discounts available?

In general, a household discount is available when an applicant has resided with another individual for at least 12 months. Certain requirements and state variations may apply.

How long do you guarantee rates?

Currently, rates are locked in and will not increase during the first 12 months of the policy.

Frequently Asked Questions

Signatures

Is voice signature available in all the states Nassau currently does business in?

Tele-Sign/Voice Signature is not available in South Carolina. The eSign process will need to be used for this state.

Is it necessary to enter the applicant's full name into the signature prompt within eApp?

Yes, it is very important to enter the full name into the signature prompt as it will populate as written into the application signature.

Does the applicant need to have an email address?

The eSign processes will require the applicant to have a valid email address at the time of application so that forms can be received and signed electronically. Sign now and Tele-Sign/Voice Signature processes do not require an email address. The producer is responsible for reviewing the application and other forms with the applicant prior to signing.

What technology does the applicant need to access their documents?

For eSign processes, the applicant will need a device that will provide email access, allow the applicant to click on the link within the email, and view the documents that generate upon portal access. The eSign process also requires the applicant be able to acknowledge receipt of each document and provide signature online.

What documents will be presented to the client during the signing ceremony?

In addition to the application, the client will receive a variety of forms that are part of the eApp process. These include the Outline of Coverage, Medicare Guide, Health Information Authorization, MIB and Fair Credit Disclosure, Consent to Sign Electronically, replacement forms (if applicable), plus other required state specific forms. Please review the completed application and other forms with your client prior to submitting the application.

Online Resources



PRODUCER TOOLS



SALES TOOLKIT



PROOF OF GTD ISSUE



RATE SHEETS



CONSUMER BROCHURE



BENEFITS GUIDE



COMMISSION
STATEMENTS



KEY CONTACTS



Need Help? Contact Our Dedicated Team.



Eric Hartstone

704-644-9411

Independent Wholesaler

ehartstone@saybruspartners.com



Vicki Duda

518-479-8984

Sales Desk

vduda@nfg.com



R.J. Hyson

518-479-8275

Operations

rhyson@nfg.com

Nassau Med Supp New Business

1-800-417-4769 (Option 5)

medsup.newbusiness@nfg.com

Post Issue/After Sale Customer Service

Telephone: 1-800-999-2224

nfgclicservice@illumifin.com

Commissions

LTC Global at 1-855-627-3008

tradcommissions@ltcglobal.com



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