



Group Field Underwriting Guidelines

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Confidentiality Notice

This Group Field Underwriting Guide contains proprietary material developed by American Community Mutual Insurance Company. American Community requires that material contained in the Guide be kept strictly confidential and used only by licensed agents of American Community. Any unauthorized reproduction or distribution of any portion of the Guide is prohibited.

Section 1 – Purpose of this Guide

We realize the important role you, our agent, have in the risk selection process—the quality of business you select to write with American Community has a marked impact on American Community’s overall results. We also recognize that your understanding of our group underwriting process can help you with risk selection and submission of new business to our Home Office.

To assist your understanding of our underwriting process, we’ve developed this guide as a tool for you. However, this guide is not meant to be all inclusive of all of our Underwriting process and requirements. It identifies the group underwriting process from American Community’s perspective. Specifically, it describes our underwriting needs and administrative requirements, so cases are approved and issued promptly.

We believe this guide will help you and your clients achieve a greater level of satisfaction with American Community. Our mutual cooperation is key to our long-term success.

Section 2 – Group Division – Underwriting Team

Small Group New Business

Fax: 734-853-3258

e-mail: AC-smallgroupservices@american-community.com

Small Group Changes

Fax: 734-853-3234

e-mail: AC-smallgroupchanges@american-community.com

Vice President: Shirley Glazier ext. **4680**

Team Coordinator: Patti Quinlan ext. **8114**

Right Fax 734-853-3224

Small Group Underwriters: Hunt #4558

		<u>extension</u>	<u>Right fax 734-853-</u>
OH	Ann Johnston	4642	3220
	Debra Eanes	4605	3252
NE	Darlene Balan	4759	3244
IN	Kim Potter	4718	3230
AZ	Dionne Yanez	4618	3222
IL	Toni Millman	8074	3225
MI	Paul Brefka	4672	3290
	Anissa Vestich	8108	2272
MO, IA	Sandra Duda	8057	3153
	Tracy Seabridge	8032	2271

Small Group Services Team

Senior Vice President: Jim Murphy ext. **4663**

Vice President: Kathy Walker ext **4780**

Manager: Kim Baldini ext. **8077** Right Fax 734-853-3108

Small Group Specialists—New Business: Hunt # 4090

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Kari Lockhart (Sr. Group Specialist)	4417	3141
Linda Allyn (New Business Processing)	4468	
Renee Bivens (New Business Processing)	4309	
Tina Crowley (New Business Processing)	8091	
Debbie Dohring (New Business Processing)	4535	
Audrey Hartaway (New Business Processing)	4472	
Barb Nikkila (New Business Processing)	4470	
Amy Mashini (New Business Processing)	4453	
Donna Rae (New Business Processing)	4534	
Linda Jones (New Business Processing)	4475	
Jennifer Wrobel (New Business Processing)	4355	
Marilyn Rubin (Issue)	4477	
Amanda Caporosso (Issue)	4491	
Maureen Kuznia (Issue)	4364	

Small Group Specialists—Rewrites: Hunt # 4090

Team Fax: 734-853-3134

E-mail: AC-Smallgrouprewrites@american-community.com

Diana Byars	4648
Tonya Sample	4729

Large Group Services Team

Senior Vice President: Jim Murphy ext. **4663**
 Vice President: Shirley Glazier. **4680**
 Team Coordinator: Linda Marinelli ext. **4664** (Right Fax 734-853-3206)

Large Group Team Functions:

Underwriting
 Proposals (**AC-LargeGroupProposal@American-Community.com**)
 New Business
 New Business Billing
 Issue
 Group Changes
 Renewals
 Creation of Contracts

Large Group Underwriters: Hunt #4478

	<u>Extension</u>	<u>Right Fax 734-853-</u>
Experience Rated Groups:		
John Petranek	4719	3245
John Stefango	4668	3264

Non-Experience (Medical) Rated Groups:

Sharon Bazan	4667	3229
Gerry Hostutler	4769	3216

Large Group Specialists: Hunt #4347

	<u>Extension</u>	<u>Right Fax 734-853-</u>
Margaret Leith	4762	3247
Angel Davis	8070	3233
Marilyn Cyrbok	8097	3122
Tina Santoro	4734	3248
Karen Samuelian	4419	
Bunny Baugous	8031	
Gloria Whitmore	4419	

Section 3 – Underwriting Roles

The Role of the Agent

Your role, and one of the most important responsibilities in the process, is field underwriting. Field underwriting involves gathering the initial information about the group and/or applicants, as well as screening the applications for completeness.

The applicants' health status is especially important to the Underwriter on groups under 100 lives and/or groups that do not have reliable claim experience. **Your role in obtaining detailed health history is very important. Getting a complete and accurate health history on the application may eliminate the need for additional medical questionnaires.** American Community will request medical questionnaires or conduct phone interviews with the employee if information is incomplete or vague. To assist in providing the details needed, *Appendix A, Underwriting Questionnaires*, lists all conditions for which we may request additional information. You can review and print all the questionnaires through our web site (www.american-community.com) or contact our National Sales Office at 800-233-3444 ext 4717.

Once final rates are determined by the Underwriter, the Underwriter will contact you to discuss the rate and benefits. After you have been contacted, the Underwriter will then send you a copy of the Final Proposal and the New Group Confirmation Form (refer to Appendix C for an example). You must obtain the employer's signature on the New Group Confirmation Form. This form verifies the employer's acceptance of the final rates, benefits, network and effective date for the coverage. The New Group Confirmation Form must be signed and returned to American Community within 15 days of the effective date or the effective date will have to be changed. Errors found in coverage must be brought to our attention within 60 days of the effective date. Any coverage changes past the 60 days must be made on the renewal date (see page 8-3).

The Role of the Underwriter

The Underwriter evaluates all aspects of the group to determine a final rating. Risk assessment factors include medical history, claim experience, prior coverage, eligibility, level of participation, contribution, geographic location, etc. Using a point system, medical underwriting establishes rates for all small employer groups and for large employer groups with unreliable claims experience. The Underwriter's objective is to rate business appropriately, so that it is profitable and can be renewed at an acceptable rate level. The Underwriter will contact you to acknowledge the group has been approved and at what rate.

Section 4 – General Underwriting Guidelines

Rating Methods

The Underwriters use three (3) rating methods to determine rates – medical underwriting, experience rating and simplified underwriting.

Medical Underwriting

The first method, known as **medical underwriting**, takes many factors into consideration when developing rates for a specific group. Some of these factors (where allowed by law) include location, age and gender mix, industry, group size, eligible dependents, effective date of coverage, specific coverage requests, legal requirements by state, participation levels, and the entire group's medical conditions. Groups with 2-9 employees enrolled for health are age rated. Groups with 10 or more employees enrolled for health are composite rated.

All the above factors, with the exception of participation and medical conditions, are factored into the proposal you receive from the National Sales Office or the actual proposal software. Participation and medical conditions are evaluated when the group is formally submitted for coverage.

American Community evaluates the group's participation by reviewing the most recent quarterly Wage and Tax Statement or a recent payroll report or summary. All employees must be accounted for; the greater the percentage of employees participating on all coverages, the more favorable the risk. This is due to spreading the risk over a larger population, a fundamental principle of insurance.

We evaluate the group's medical risk by reviewing each employee's application, which contains medical history for the employee and dependents (regardless of coverage selections), and any current or potential medical conditions. By using a point system methodology, an American Community Underwriter determines the group's overall anticipated medical risk factor.

Once the risk factor is determined, the rate will be adjusted by the risk factor to develop the rates applicable to the particular group. This rate factor is applied to the entire group so as not to discriminate against an individual. When American Community establishes a rate factor, the range of allowed factors varies by state to ensure compliance with various state laws.

Experience Rating

The second method, known as **experience rating**, uses the group's claim experience to calculate premium rates. This method is used for large groups over 50 lives that have credible claim history.

Simplified Underwriting

The third method, **simplified underwriting**, is a process that can provide rates for groups of 51-125 employees without having to submit medical applications.

With simplified underwriting, we can offer a proposal if you provide us with the group's rate and benefit history, carrier history, completed Employer Risk Evaluation Form, current PPO network and group census. Please see Section 5, Obtaining a Proposal, for specific details on these requirements.

It is important to remember that final rates are determined after the group is submitted and reviewed by an Underwriter. An Underwriter will contact you to verify the final rate action and request that the employer confirm the final rates, benefits, network and effective date with the group. Once the effective date and rates are confirmed, the group is considered 'accepted' and is input into the billing system and then forwarded to Group Administration for the issue process.

Eligibility

Most industries are eligible for group coverage, however, those industries considered hazardous or high-risk are rated accordingly (unless prohibited by law).

Group

For a group to be considered eligible, the following characteristics must be present:

1. There must be an employee-employer relationship. An employee-employer group consists of an employer who is the policyholder and that employer's employees, who are the insureds. The group can be either a private or public group. Public employers, such as a municipality, present some different concerns, like persistency and state laws, which may affect our contracts and ability to quote.
2. Acceptable proof of ownership, that may include:
 - Articles of Incorporation
 - LLC documents
 - Partnership documents
 - Schedule 1120, Schedule 1065 or Schedule C (sole proprietor)
3. Common ownership relationship must exist if more than one entity is involved.
 - To be eligible under one policy, two or more separate and distinct organizations must have common ownership.
 - If a group has several divisions, common ownership must be verified. Obtain verification from the employer either in writing or by obtaining a copy of their Articles of Incorporation or Tax Identification Number.
4. Employer participation and contribution requirements must be met on the initial enrollment. They must also continue to be met for the contract to stay in force. (See pages 4-6 through 4-9).
5. No more than 10% of those enrolling should be on COBRA or in their election period (applies to large group only).
6. The employer must be located in a state where American Community is licensed and actively marketing business.

7. The employer must have an average of two (2) employees for at least 50% of the business days during the preceding calendar year and must have at least (2) two employees covered on the first day of the plan year (renewal date). Groups that fall below two (2) employees will receive a letter sixty (60) days prior to their renewal date. If the employee count is not brought up to the minimum participation requirement, coverage will be cancelled.
8. Groups consisting primarily of members of the same family will be required to submit proof of an employer-employee relationship (i.e. Articles of Incorporation, corporate tax returns, etc.) along with a Wage and Tax Statement.
9. New (start up) groups which do not yet have a Wage and Tax statement available should complete an Affidavit (see Appendix F) in place of the Wage and Tax.

Employee

For an employee to be eligible, the following requirements must be met:

1. Has commenced working for the Employer at its usual place of business;
2. Spends time and energy in the service of the Employer for at least 30 (25 in Ohio) hours per week (refer to page 4-8 for Michigan eligibility requirements); and
3. Is receiving Earnings, which are reportable to the Internal Revenue Service (IRS) as taxable income.

Employee does not include:

- 1099 employees
- Contracted workers or persons working for multiple employers
- Members of a Board of Directors
- Employees living full time (primary residence) outside of the U.S.
- Retirees (small group only) unless state-mandated
- Seasonal Employees

Continued Eligibility

The employee will no longer be eligible once the employee has ceased performing services for the employer for more than 90 consecutive days.

Dependent (note: the definition of a dependent varies by plan and state, so the following is not all-inclusive; definition administered will always be compliant with state regulations)

For a dependent to be eligible, the following must be met:

1. Must be the employee's legally married spouse, if not divorced. "Common law" marriage is recognized if required by law.
2. Must be the employee's natural child, stepchild or adopted child from birth to age 19; or has attained age 19 and is mentally or physically incapable of earning his/her own living, and actually dependent on the employee or other care providers for the majority of his/her support; or the child is attending an accredited college or university on a full-time basis, twelve (12) credit hours, and is dependent for income tax purposes from age 19 to the earliest of the following dates: attaining age 25; ceases to be a full-time student; or ceases to be dependent on the employee for income tax purposes.

The employee will be required to verify student status each year beyond age 19. Group Administration will send the employee a Dependent Eligibility Request Form to complete and return to Group Administration.

This definition may vary from state to state to comply with insurance regulation.

3. Legally designated ward if the terms of guardianship appointment make the employee primarily responsible for the health care of the ward.

Participation Requirements—All States Except Michigan Small Group

A group must meet all participation requirements to be eligible for coverage. Also, the group must continue to meet these requirements once the case is in force. Failure to comply may result in non-renewal of coverage.

Life, AD&D, Weekly Income

For Life, AD&D and Weekly Income, 100% of full-time, eligible employees must apply.

Health, Vision, Dental

For Health, Vision and Dental coverage, two separate criteria of participation levels must be met:

Participation Criteria #1

If the employer pays 100% of the employee and/or dependent cost, all full-time employees and/or dependents must be insured, unless prohibited by law.

If the employer pays less than 100% of the cost, 50% of *all* employees of an eligible class must enroll, including all waivers (except for Missouri groups with 11-25 employees).

Participation Criteria #2

<u>Group Size</u>	<u>Requirement</u>
2-5 employees	100% of the eligible employees (employees with valid coverage waivers* are not included as eligible for this participation requirement).
6 or more employees	75% of the eligible employees (employees with valid coverage waivers* are not included as eligible for this participation requirement).

*Valid coverage waivers include employees waiving due to the following reasons:

- Covered by spouse's plan
- Covered by Medicare
- Covered by Medicaid

Example #1: A business has eight eligible employees and the employer pays 80% of the cost. Five employees waive due to spousal coverage. The remaining three eligible employees enroll. This group does not meet the 50% participation requirement. Only 3 of the eight eligible employees (37.5%) are enrolled.

Example #2: A business has eight eligible employees and the employer pays 50% of the cost. One employee waives due to spousal coverage, while three waive due to cost. The remaining four eligible employees enroll. The 50% requirement is met. However, the group does not meet the requirement that 75% of eligible employees not waiving due to spousal coverage must enroll. In this case, there are a total of seven eligible employees, excluding the waivers. Only four of the seven (57%) are enrolling.

Example #3: A business has eight eligible employees and the employer pays 65% of the cost. Three employees waive due to spousal coverage and one waives due to cost. The remaining four eligible employees enroll. In this case, 50% of all eligible employees are enrolled (4 out of 8) and more than 75% of eligible employees not waiving due to spousal coverage (4 out of 5) are enrolled. Therefore, the group meets the participation requirements.

According to Missouri law, for groups with 11-25 employees, a small employer carrier cannot consider employees or dependents who have qualifying existing coverage in determining whether the applicable percentage of participation is met. Therefore, we can only apply criteria #2 to groups of this size in Missouri, and employees/dependents with any qualifying coverage (not just spousal) are not counted towards the participation requirement. Criteria #1 cannot be applied to groups of 11-25 since it includes employees with spousal coverage.

Michigan Small Group (2-50 employees)

Participation Guidelines (applied to both new and in-force groups)

For Life, AD&D and Weekly Income benefits, 100% of the employers eligible employees must apply.

For all other coverages:

- Groups of 2-10 eligible employees – 100% of employees seeking coverage *
- Groups of 11-25 eligible employees – 75% of employees seeking coverage *
- Groups of 26-50 eligible employees – 50% of employees seeking coverage *

An individual is seeking coverage if he or she requests coverage through a small employer health plan. Employees waiving due to spousal coverage are not counted as eligible for these participation requirements.

Employee Eligibility

An eligible employee is one who works on a full-time basis with a normal work week of 30 or more hours. An eligible employee can include an employee who works on a full-time basis with a normal work week of 17.5 to 30 hours, if the employer chooses and if this eligibility criterion is applied uniformly to all employees, without regard to health-related factors. Owners and partners are considered eligible.

Waiting Period

The waiting period is the period of time (i.e., 30 days, 60 days, 90 days, etc) established by the employer, that must pass before an individual is eligible for benefits. The waiting period is not considered a gap in coverage for calculating periods of creditable coverage. American Community will not impose a waiting period.

Employer Premium Contribution Requirement

If the employer is paying the entire premium for employees and dependents, the plan is considered noncontributory. This is the most desirable type of plan because all eligible employees are participating, and they produce the best possible spread of risk. In order to promote the enrollment needed to obtain a good spread of risk, minimum employer premium contribution requirements have been established.

The minimum employer premium contribution requirements are as follows:

2-50 employees	50% of the total cost of insurance for the employee
51 or more employees	50% of the total cost of insurance

The employer can request a change to the amount of contribution at any time (as long as it remains within the above guidelines) by submitting a written request to the Small Group Team for small groups and the Large Group Team for large groups.

Geographic Location & Network Guidelines

To be written as a group, the business applying must be located in a state where American Community is licensed and authorized to do business. In addition, the agent must be appointed and licensed to represent American Community. The following are general guidelines regarding geographic location and networks.

Employer in a non-licensed state

- If the employer is in a non-licensed state, but has a subsidiary/affiliate with a majority of its employees in a licensed state, then this is acceptable if the policy is issued to the subsidiary/affiliate and not the parent company. The subsidiary/affiliate must have a presence in a licensed state and be the one transacting business with American Community.

Employees in non-licensed states

- Laws regulating group coverage vary from state to state. Many states have required policy provisions and mandated benefits with which we do not comply. Please contact Group Underwriting for acceptable states.

Multiple locations

- If the employer has employees located in multiple locations (various cities or states), then each location will be subject to review by American Community. The "Home Office" can be considered any one of the following: location that the policy owner is incorporated; location of the policy owner's principal office; or location with the greatest number of insured employees.

Multiple networks

- Employers should have at least 6 employees total for medical coverage to have more than one network. A minimum of 3 employees must be enrolled in each network. Depending on situations and the networks involved, multiple networks may not be allowed. Refer to Appendix D for a table which reflects how our current networks can be offered to the same group.

Determining "Small" vs. "Large" Group

The term "Small Employer" and "Large Employer" means, in connection with a group health plan with respect to a calendar year and a plan year;

- "Small Employer" is an employer who employed an average of at least 2 but not more than 50 eligible (full-time) employees on business days during the preceding calendar year and who employs at least 2 eligible employees on the first day of the plan year.
- "Large Employer" is an employer who employed an average of at least 51 eligible (full-time) employees on business days during the preceding calendar year.

Eligible employees are defined based on the minimums required by state law. For example, in Indiana, an eligible employee is defined as an employee who works on a full-time basis a minimum of 30 hours per week. The minimums may be adjusted by the employer but are subject to underwriting approval.

In determining size, affiliated locations must also be considered.

Eligible Classes

Eligible classes include:

1. Classes based on occupation:
 - union/non-union
 - management/non-management
2. Classes based on salary:
 - All salaried employees
 - All hourly employees

To expedite your business, please note on the Employer Application if a group is being written only on a certain class of employees. Indicate on the Wage & Tax statement which employees are to be included in the class. Failure to do so may delay the processing of your group.

Additional Notes:

Any classes of employees included on the Wage and Tax statement that are not covered initially but want to be added to the policy later will be reviewed and subject to underwriting approval.

An employer cannot assign an employee to a class just to receive coverage. The employee must remain in the class assigned. However, if the employee's job class changes, such as

gaining a promotion and becoming eligible for coverage, American Community must be notified of the change with written proof.

Carve-Out Groups

Carve-out groups must be part of an eligible class or location. A group cannot establish a separate class based on health related factors.

Carve-outs are not allowed for small employer groups, but are allowed for large employer groups with Underwriting consideration.

A **Small Employer** is one that employs less than 51 eligible (full-time) employees.
A **Large Employer** is one that employs 51 or more eligible (full-time) employees.

Large Employers Covering Less Than 50 Employees

A company with more than 51 employees (large employer) may apply for coverage for less than 51 employees as long as the employees are in a separate, eligible class. In underwriting the employees we would not be restricted by small group regulations. Therefore, their rate may be greater than the maximum rate allowed by the state for small groups.

Also, the group may be declined for coverage due to health conditions since they are part of a Large Employer. Because of regulations requiring specific benefits for Large Employer Groups, we cannot issue our small group contracts to these groups.

Dual Benefit Options

Groups of 6 or more medical lives on the AAGP and APAP products may select two different deductibles, as long as there are at least 3 employees per deductible.

Dual options beyond deductible need to be discussed with Underwriting to determine if acceptable. Underwriting will need to coordinate with Group Administration to determine if it can be properly administered. In order to accommodate some of the dual coverage option plans, the group may need to be issued and billed under separate group numbers.

Groups of 6 or more medical lives on the APEP and HSA plans may select two different plans (for example Plan 1 and Plan 4), as long as there are at least 3 employees on each plan.

Dual Plan Options

Employer Choice

We will offer a dual plan option provision for groups of 6 or more employees electing the medical coverage. This means that employers may assign one group health plan (i.e., HSA) to employees in one class and another group health plan (i.e., AAGP or APEP) to employees in a different class. Classes must be clearly defined, based on occupation or classification. For example, owners constitute one class while all other employees constitute a separate class. A minimum of 3 employees per class is required.

When quoting, quote all employees in one class on the appropriate plan (for example management employees on the HSA) and all employees in another class on that plan (non-management employees on the APEP). For benefits that are based on group size (Mental/Nervous, Substance Abuse, etc), use the total number of employees in the group.

The employer must submit a list of employees indicating which class are electing which plan.

Employee Choice

We allow an "employee choice" provision for groups of 6 or more employees. This means an employee may choose between two different plans (i.e., APEP and HSA) offered by the employer. A minimum of 3 employees per plan is required. When quoting, quote all employees on both plans.

An employee can change from one plan to another only during the group's renewal period, which is defined as the 30 days prior to and the 60 days following the actual renewal date.

Section 5 - Obtaining A Proposal

How to Obtain a Proposal

Proposals for small employer groups are available from the National Sales Office at (800) 991-2642 ext 4717 or NSalesOffice@american-community.com. A Small Group Proposal Request Form and an employee census should accompany your request. You may be permitted to create your own proposals through our Internet-based group proposal system, with proper training and authorization. For further information, contact your Regional Marketing Director.

For **small groups** the census must include each employee's:

- Name
- Gender
- Age (and/or date of birth)
- Coverage election (Single, Couple, Parent, Family)
- Salary (if Life, AD&D or Weekly Income insurance are being quoted based on salary)
- Class (if classing Life, AD&D and/or Weekly Income; or, benefits/coverage vary by class)
- Location of the employee (if an employer has multiple locations that are being quoted)

Proposals for large employer groups are handled through our Large Group Underwriting Team at (800) 991-2642 ext. 4347 or can be e-mailed to ac-LargeGroupProposal@american-community.com. You may also fax proposal requests to 734-591-8125.

To help serve you faster, please e-mail your group census information in an Excel spreadsheet if possible. That way, we can transfer it directly into our system and produce a quote much faster.

For **large groups** there are two ways in which proposals will be offered for groups without credible experience: **Simplified Underwriting** or **Medical Underwriting**. Please ensure your proposal request meets the requirements listed below to prevent processing delays; if your request is incomplete we will return it to you.

Simplified Underwriting

For a proposal without employee medical applications for groups of 51-125 employees, please provide:

- Rate and benefit history – current and renewal rates and benefits are required, and if available, three years of additional rate and benefit history should be included. Benefit designs must accompany the renewal information for each renewal.
- Carrier history – list health carriers for the past three years; a five-year history is preferred.
- Completed Employer Risk Evaluation Form – signed and dated by a group representative. **Note:** When completing the ERE form please provide as much detail as possible on medical conditions disclosed.
- Group census including dates of birth, gender, coverage election, amount of life insurance, employee status (active, retired, COBRA).
- Name of current PPO network.
- Ancillary benefits requested (dental, vision, weekly income).

Medical Underwriting

For a proposal with medical underwriting for groups of 51-125 employees please provide:

- Completed (and current) employee medical applications.
- Group census including dates of birth, gender, coverage election, amount of life insurance, employee status (active, retired, COBRA).
- Copy of current plan design and any requested plan changes.
- Name of current PPO network.
- Ancillary benefits requested (dental, vision, weekly income).
- Copy of current renewal when available.

Experience Underwriting (with credible experience)

All groups with 100 or more lives **and** all self-funded groups of any size should include the last two years' paid premium vs. paid claim experience and rate history. All partially self-funded groups should include experience information on both the self-funded and insured portion of the plan separately. Also include the average number of employees covered during the experience period.

In addition, we require detailed explanation on all claims over \$10,000, including name, gender, age, relationship to the employee, date of illness, diagnosis, nature of treatment, and prognosis.

All of our forms and applications for both small and large groups are located on our website at www.american-community.com.

What Agents Will Receive

For a small employer group, agents will receive a proposal that includes:

- Group premium summary
- Employee/Dependent premium detail
- Coverage rate summary
- Summary of selected benefits
- Census summary
- New case checklist

For a large employer group, agents will receive a proposal that includes:

- Premium summary/proposed rates
- Summary of selected benefits
- General assumptions and conditions
- PPO directory (available upon request)
- Group and employee applications (available upon request)
- New case checklist

Section 6 – Group Review by Agent

If you do not wish to submit applications and are looking for a tentative rate for a group, we encourage you to use our Pre-Review Rating Calculator which is available on our website at www.american-community.com.

The Calculator can provide you with a **tentative** rating for your group and includes numerous common medical conditions, a list of the most common prescription drugs and the condition(s) for which they are prescribed, a height/weight chart, and other useful information.

If you need instructions on how to use the Calculator, please contact our National Sales Office at (800) 991-2642, extension 4717 (option 2; ask for Group).

Section 7- New Business

Fast-Track Underwriting (Groups 2-50)

We're very excited about our new Fast-Track Underwriting process for small groups, because it makes doing business with us easier for you than ever before. With this new process, you'll easily receive a firm rate for your client.

- **We accept other carrier's applications if they are substantially similar to ours and will underwrite and enroll the group with them**
- **No premium check is necessary to obtain a rate**

How To Obtain A Pre-Review Rate:

1. Please make sure the group is eligible and meets American Community's guidelines for participation.
2. Use our application or any other carrier's state-approved application (that is substantially similar to ours) for each person to be insured within 30 days of the group effective date. Please make sure the completed and signed applications are dated within 60 days of the desired effective date so we know we're working with the applicants' current health status.
3. If you're not using our application, we need a signed American Community "Competitor's Application Consent Form" from each applicant for groups with 2 -10 employees enrolling. This form is brief and easy to complete, and it allows us to review the applicants' medical information. This form is available on our website at www.american-community.com. Depending on the information we receive, we reserve the right to request this form on any group regardless of size.
4. Please fax your completed applications to us at (734) 853-3258, or you can e-mail them to AC-SmallGroupServices@american-community.com.
5. A member of the Small Group Department will prepare the census from the applications for your group for Underwriter review. The pre-review process only involves medical review of the medical application.
6. Your group will be submitted to the Underwriter once the data entry is completed. At that time an Underwriter will review the file.
7. The underwriting medical factor will be sent to you via e-mail. Please note that the medical factor is valid for 60 days from the application date and as long as the

demographics of the group have not changed (example: adding or deleting an applicant, or a change in medical history). The Underwriter will indicate to you if the rate is firm or if additional information is needed.

8. If you need the assistance from our National Sales Office for quoting purposes please contact them at NSalesOffice@american-community.com.

Once A Group Accepts The Rate:

In order for us to better expedite your business, please allow sufficient underwriting and issue time. We ask that new groups be received in our Home Office at least 15 days prior to the requested effective date. **If a group is received 5 days before or 5 days after the requested effective date, you will be contacted and encouraged to move the effective date to a later date.** If a group is received 6 or more days after the requested effective date, then you will be notified that the effective date must be changed to a later date.

If you have not already done so please obtain the following documents and submit to the Small Group Services department for processing. Groups may be faxed to (734) 853-3258, or you can e-mail them to AC-SmallGroupServices@american-community.com:

- Copy of "Fast Track" Offer
- American Community Employer Group Application
- Employee applications for all full time employees (including employees waiving coverage), new hires within 60 days of their effective date and COBRA continuees.
- Employer's most recent Quarterly Wage & Tax Statement listing all employees and their status (full time, part time, terminated, etc). For new employees not on current wage and tax please submit recent payroll summary or other similar document showing actual hours worked during the previous 3 months. Please refer to the following chart to ensure the correct Wage & Tax is submitted to us:

Wage & Tax Quarter	Wage & Tax Filing Date	UW Acceptance Date
1 st Quarter (Jan, Feb, Mar)	May 1 st	August 1 st
2 nd Quarter (Apr, May, Jun)	August 1 st	November 1 st
3 rd Quarter (Jul, Aug, Sep)	November 1 st	February 1 st
4 th Quarter (Oct, Nov, Dec)	February 1 st	May 1 st

- Copy of agent's sold proposal or Proposal ID number clearly identified on the group application. This proposal should reflect the benefits sold, accurate census and requested effective date.
- Most current prior insurance carrier's premium statement, listing all covered employees for medical and/or dental coverage.
- First month premium check (this should be on the group's business account, made payable to American Community Mutual Insurance Company. Agent/agency checks, personal checks and money orders are not acceptable).
- American's Trust Request to Participate form
- Health Savings Account Employee applications (for HSA products if the group is funding with American Community). Please be advised that a group cannot be billed or issued until these forms are received.

Please refer to the Quick Reference Chart on page 7- 9 for information on which items are needed for each of our small and large group products.

Submitting Sold New Business – (Groups 2-50)

In order for Group Underwriting to meet our goal of providing quality customer service, we need sufficient time to underwrite and process your new group case.

Upon receipt of the group in our Home Office, a member of the Group Underwriting team will make an acknowledgement call to you. At that time you will be provided with a group reference number. A member of the team will review the applications for completeness and provide you with a list of the missing information or documentation which will need to be fulfilled before the group will be sent to an Underwriter.

If you will use the following checklist to ensure you have provided us with all the needed information, you can help reduce delays in the processing of your group.

New Business Checklist

- ✓ Employer Group Application
- ✓ Group Employee Application for each **full-time** employee and new hires within **60 days** of their effective date and COBRA continuees. Employee and dependents waiving medical coverage need to submit a completed application except for the medical portion.

The most current applications can be found on our website at American-community.com and must be used for compliance purposes.
- ✓ Employer's most recent Quarterly Wage & Tax Statement listing all employees and their status (full time, part time, terminated, etc), recent payroll summary or other similar document showing actual hours worked during the previous 3 months. Payroll records or paystubs are required for all new hires that do not appear on the quarterly Wage & Tax Statement. Please see the Wage & Tax chart on page 7-2.
- ✓ Copy of agents sold proposal or Proposal ID number clearly identified on the group application. This proposal should reflect the benefits sold, accurate census and requested effective date.
- ✓ Most current prior insurance carrier's premium statement listing all covered employees for medical and/or dental coverage.
- ✓ First month premium check (this should be on the group's business account, made payable to American Community Mutual Insurance Company. Agent/agency checks, personal checks and money orders are not acceptable).
- ✓ American's Trust Request to Participate form
- ✓ Health Savings Account Employee applications (for HSA products if the group is funding with American Community). Please be advised that a group cannot be billed or issued until these forms are received.

Please refer to the Quick Reference Chart on page 7-9 for information on which items are needed for each of our small and large group products.

Completing Forms

All sections must be completed in full for:

Employer Group Application, and

Group Employee Applications pertaining to the employer or employee and his/her dependents. Employees and/or dependents waiving medical coverage need to submit a completed application except for the medical portion.

Please be sure signatures and dates are completed where indicated and are prior to the requested effective date. Signatures on employee applications must be within 60 days of the requested effective date. **If coverage is being requested for a spouse, he/she must also sign and date the application.**

Applications must be signed in the state that the employee permanently resides unless state laws require otherwise. Permanent residency is usually that state where the employee lives on a permanent basis and can be determined by the state in which the applicant has a valid driver's license, voter's registration, or files state income tax returns. Documentation of permanent residency may be required for employees with multiple homes in multiple states.

Screening

Groups are reviewed and screened for receipt of checklist items and completion of forms. New groups and missing information can be faxed to Group Services at 734-853-3258 or e-mailed to ac-SmallGroupNewBusiness@american-community.com.

Returned Groups

A group may be returned to the agent if American Community:

- does not receive a premium check (unless the group is intended to be a pre-review)
- receives a group with extensive missing or incomplete information, or
- receives outdated or incorrect employer or employee applications.

Such groups are returned to the Agent with a letter of explanation and appropriate forms, if applicable. The Agent and the Marketing Director will be contacted prior to the group being returned.

If the group is resubmitted, signatures on the applications must be dated within 60 days of the requested effective date. The group will retain the group number initially assigned, if resubmitted within ninety (90) days.

Underwriting Process

Your group will be submitted to the Underwriter once the screening process is complete. At that time an Underwriter will review the file completely in order to arrive at a final rating. Please refer to *Section 4, How Rates are Determined*, for information on final ratings.

Confirmation Process

The Underwriter will contact you to confirm the final rates, benefits and effective date. At that time, a final proposal will be faxed or e-mailed to you along with a Confirmation Form (see Appendix B). The Confirmation Form is to be signed by the employer and returned to American Community within 48 hours.

If the Confirmation Form is not signed within 15 days of the requested effective date, the effective date will be changed. Once the signed Confirmation Form is received, the group will be considered approved and the first premium statement will be created and the group will be issued.

Submitting New Business — Large Group (American's Omega Solutions)

Checklist

- ✓ Employer Group Application (Master Application)
- ✓ Group Employee Application or Large Group Non-Medical Application for all full-time employees (including employees waiving coverage), new hires within 60 days of their effective date and COBRA continuees.
- ✓ Most current Prior Insurance Carrier Premium Statements
- ✓ Renewal Letter from current carrier
- ✓ Copy of Current Plan

- ✓ First month's premium check (this should be drawn on the group's business account and be made payable to American Community Mutual Insurance Company. Agent/agency checks, personal checks and money orders are not accepted).
- ✓ Union Agreement (if applicable)
- ✓ Medical Risk Evaluation Questionnaire (required for Simplified Underwriting and preferred for Experience Rated Underwriting)
- ✓ Employer's most recent Quarterly Wage & Tax statement (listing all employees and their status), recent payroll summary or other similar document showing actual hours worked during the previous 3 months. Payroll records or pay stubs are required for all new hires that do not appear on the Quarterly Wage & Tax Statement.
- ✓ Copy of agent's sold proposal. This proposal should reflect the benefits sold, accurate census and requested effective date.
- ✓ **All items listed on the "General Conditions" page from the original proposal.**

Completing Forms

All sections must be completed in full for:

Employer Group Application (Master Application) and

Group Employee Applications pertaining to the Employer or Employee and his/her dependents. Employees and dependents waiving medical coverage need to submit a completed application except for the medical portion; and

Please be sure signatures (by an authorized employer representative where applicable) and dates are completed where indicated and are prior to the requested effective date.

Signatures on employee applications must be within 60 days of the requested effective date.

If coverage is being requested for a spouse, he/she must also sign and date the application.

Screening

Groups are reviewed and screened for receipt of Checklist Items and Completion of Forms.

Missing Information

Any missing or incomplete information is noted and requested from the Agent or General Agent. To minimize American Community's request for missing information and to expedite completion, we recommend that each application be reviewed by the servicing agent prior to submitting the case.

All information is requested of the Agent by fax or email. Therefore, it is helpful if a fax number and email address is provided upon submission of the group. If the information needed is very minimal, the Agent will be contacted by phone. A proposal is calculated based on all information received.

Returned Groups

A group may be returned to the agent if American Community:

- does not receive a premium check,
- receives the group with extensive missing or incomplete information, or
- receives outdated or incorrect employer or employee applications.

Such groups are returned to the Agent with a letter of explanation and appropriate forms, if applicable. The Agent and the Marketing Director will be contacted prior to the group being returned.

If the group is resubmitted, signatures on the applications must be dated within 60 days of the requested effective date. The group will retain the group number initially assigned if resubmitted within ninety (90) days.

New Business Checklist

	APEP (Choices effective 12-1-07)	AAGP	HSA	APAP	ACO	AOS (large)	Triple Tier
Employer Group Application	X	X	X	X	X	X	X
Employee Applications or Large Group Non-Medical Apps for each full time employee, new hires within 60 days of their effective date, COBRA continues	X	X	X	X	X	X	X
American's Trust Request to Participate form	X		X	X	X		X
Employer's most recent Quarterly Wage & Tax statement (payroll records should be submitted for employees who do not appear on the Wage & Tax)	X	X	X	X	X	X	X
Copy of agent's sold proposal or the Proposal ID number	X	X	X	X	X	X	X
Prior insurance carrier's most recent premium statement (listing all covered employees for medical and/or dental coverage)	X	X	X	X	X	X	X
Pre-Review Notification Form (if group was pre-reviewed)	X	X	X	X			X
First month premium check (on the group's business account)	X	X	X	X	X	X	X
HSA Employee Applications (if funding with ACMIC)			X			X	
Renewal letter from current carrier						X	
Copy of current plan						X	
Medical Risk Evaluation Questionnaire (for experience rated underwriting & for simplified underwriting with prior Underwriter approval)						X	
Union Agreement (if applicable)						X	
All items listed on the "General Conditions" page from the original proposal						X	

Issue and Delivery for All Groups

What the Group Will Receive:

- ✓ Sample certificate/contract as a reference of the group's coverage and policy provisions
- ✓ Identification cards (drug cards are mailed separately to the employer from AdvancePCS or vendor)
- ✓ Certificates of coverage for all employees
- ✓ Additional supply of certificates for new employees or coverage changes (Large Group only)
- ✓ Administration Kit and Guide
- ✓ A limited number of PPO directories are sent when available from the network. Each employee receives a Certificate folder containing information on American Community as well as how to utilize their coverage
- ✓ Notification letters of pre-existing coverage time limitations
- ✓ The acceptance letter with final rates (small groups)

What The Agent Will Receive:

- ✓ Sample certificate for the group
- ✓ Notification letters of pre-existing coverage time limitations
- ✓ Group's first premium statement
- ✓ The acceptance letter with final rates

Enrollment/Administrative Fee:

Sold groups will be charged the following fees:

ACO	\$15 monthly fee
APAP	\$20 monthly fee
(increased to \$50 if group waives Life coverage)	
APEP Choices	No fees
Triple Tier	No fees
HSA/Next Gen HSA	No Fees
Large Group	No Fees

Section 8 – Post-Issue Underwriting

Benefit Changes

Benefit changes can be made during the renewal time period, which is defined as 30 days before the renewal date and 30 days after renewal. Requests for changes to be effective on the renewal date must be received within five days after the renewal. If a request for a benefit change is received later than five days after renewal, the effective date of the change will be the next premium due date.

To get an idea of how the change would affect the group's rates, you can contact the Customer Service Call Center at (800) 991-2642 ext 4495 to get an approximate percentage. For additional assistance with benefit changes, contact the Senior Account Manager for your state (see Appendix E for a list of the Senior Account Managers and their assignments).

Adding Benefits

Benefits can only be added during the renewal period and will be made effective on the renewal date. A written request from the employer is required to add the following benefits:

- Dental, with or without Orthodontia
- Vision
- Prescription Drug Card
- Weekly Income (include Employee applications with salaries indicated & Employee Wage and Tax Statement listing all employees and their status)
- Dependent Life (include Employee applications & Employee Wage and Tax Statement listing all employees and their status)
- Maternity (include written request from the employer and employee applications for those electing medical coverage -- the only medical question that needs to be completed is the one which asks if anyone is currently pregnant). **Requests to add Maternity will be denied if there is a current pregnancy within the group.**

Adding Health requires a rewrite to a new plan. Normal rewrite guidelines apply (please see 'Rewriting to a New Plan' in this section).

Deleting Benefits

Benefits can only be deleted during the renewal period and will be made effective on the renewal date. A one-year waiting period must be satisfied before the benefit can be reinstated.

Deleting Health requires a rewrite to an ACO plan. Normal rewrite guidelines apply (please see 'Rewriting to a New Plan' in this section).

Changing Benefits

Benefits can only be changed during the renewal period and will be made effective on the renewal date. A written request from the employer is required to change the following benefits:

- Benefit Percentage (i.e. from 80/50 to 100/70)
- Coinsurance (i.e. from 80% of the first \$5,000 to 80% of the first \$3,500)
- Deductible
- Office Visit Copay

Other plan benefit changes may be available. Please contact the Customer Service Call Center at (800) 991-2642 ext 4495 to discuss whether a change can be made and what documents are required to make the change.

Adding a Second Small Group Plan to an Existing One (for example, adding HSA to an in-force AAGP)

We offer a dual plan option for groups of 6 or more employees with a minimum of 3 employees on each plan (refer to page 4-12 for details).

This request can only be made during the renewal period and will be made effective on the renewal date.

NOTE: Benefit and/or plan changes do not take effect until you receive written notification from American Community. All changes are subject to Underwriting approval.

Renewal Underwriting

Small Employer Groups

American Community uses a pooling concept in renewing our small group business consistent with Small Group Reform requirements. Groups typically renew every 12 months.

The renewal documents produced include a renewal letter with an illustration with the old and new rates by individual, and a rate table for age-rated groups. Renewal letters are typically mailed to the agent 60 days prior to the renewal date and one week later to the group.

If the group's size increases to over 10 health lives and they've maintained this number for at least 6 months, they can be changed from step (age) rates to composite rates only upon request at the group's renewal. We must receive a written request from the employer.

Maternity: If you have a group which is on one of our older products that was quoted without maternity because they generally had less than 15 employees, you are responsible for reminding the group about the maternity benefit and for notifying us if maternity should now be covered. Adding Maternity to a policy will require a rate adjustment.

COBRA: American Community does not provide COBRA coverage to a group unless they meet the definition of a COBRA eligible group. Please notify us if a group has changed their COBRA status so that we can correctly administer the group.

TEFRA: If a group is a non-TEFRA group, Medicare claims are paid primary to the health policy. Should a group change their TEFRA status, we must be notified to ensure compliant claims processing with Medicare. Rates will adjusted if needed.

Large Employer Groups

All groups of 51 or more employees are given some credibility to experience, based on the size of the group. Each group renewing is evaluated for potential exposure, taking into consideration large non-recurring claims and terminated employees.

Renewal letters are sent to the agent approximately 45 days (60 days in Arizona) prior to the renewal date. A letter is sent to the group notifying them that the agent will be contacting them with their renewal.

A large group requesting to move to an HSA plan can do so at any time, not only at their renewal.

A large group can request to add an HSA option at their renewal along with other benefit changes. Contact your Large Group Underwriter for special consideration outside of the renewal time period.

Changing Renewal Date

For both small and large groups, if an employer wishes to change the renewal date of their plan, they must submit a request to the attention of **Group Underwriting**, and the change would be subject to underwriting approval.

Rewriting to a New Plan

Please contact the Senior Account Manager for your state (refer to Appendix E) to discuss rewrite options and whether a rewrite would be in the best interest of the group.

Rewrites at Renewal

Rewrites can be made during the renewal time period, which is defined as 30 days before the renewal date. Quotes are based on matching the current benefits. **Any group wishing to increase/improve their benefits will be required to complete new employee applications and will go through full underwriting.** The group will be given two options to rewrite:

Option 1: By submitting new applications, the group will be underwritten like new business and will be rated based on the information received. Any quote that was provided will become void.

Option 2: If the group elects to rewrite without applications (except for new hires within their waiting period or those who may have recently elected COBRA or another continuation option), their rating for the new product will be based on the group's renewal and any applicable benefit changes.

Off-Renewal Rewrites

If a rewrite is requested after the renewal time period, new applications will be required. The group will be underwritten like new business and will be rated based on the information provided as well as claim history.

The following documents must be submitted by the 5th of a given month for an effective date of that month:

- Employer Application
- Employee Applications (including those for new hires within their waiting period or employees who may have recently elected COBRA/continuation)
- Request to Participate
- Copy of the quote (please keep in mind this is a proposal only and not a final quote. Underwriting reserves the right to amend rates upon submission)
- Current quarterly Wage & Tax (refer to chart on page 7-2)
- HSA Employee funding applications (if applicable)

New Product Rewrites

Groups with an effective date within 60 days of a new product roll-out may move to the new product, but will need to complete an Application Update form and will be underwritten accordingly. These groups will be required to submit the following documents:

- Employer application
- Employee application update forms for each enrollee
- Request to Participate
- Current quarterly Wage & Tax
- Copy of the quote

Sufficient time is required to process your rewrite request and mail new ID Cards. Therefore, we ask that it be received in our Home Office at least 15 days prior to the requested effective date. We may contact you to move the effective date forward.

Premium must be paid to the effective date of the rewrite; there can be no gap in coverage (payment).

An acknowledgement call will be made to you within 24 hours of receipt of the rewrite in our Home Office. We will provide you with a reference number at that time.

The employer must sign the Rewrite Confirmation Form (see Appendix C) before the change is made effective. This confirms the employer's acceptance of the premium rates, benefits and effective date of the new plan. It verifies that the employer has reviewed the proposal and understands the benefits. The employer is also confirming that all full time employees have been enrolled and coverage status and benefit selections are correct.

The group will be assigned a new group number and the renewal date is based on the effective date of the new plan. Any outstanding credits or debits from the prior group will be transferred to the new group plan billing statement

Additions

Open Enrollment

Small Group

For groups of 2-50, eligible employees or dependents who originally waived coverage and now wish to enroll in the plan must do so during the one-month period prior to the group's anniversary date.

Guidelines for adding employees and dependents who experience a qualifying event remain unchanged. As outlined by HIPAA, employees with a qualifying event are still able to add on the American Community employer plan even if outside the open enrollment period. Please refer to our Group Administration Guide for more specific procedures.

Large Group

For groups of 51 or more employees, employers can choose between two open enrollment periods:

- Open Enrollment period **30** days prior to the group's anniversary date (for example, a group renewing 10/1 would have open enrollment from 9/1 – 9/30 with coverage effective on 10/1).
- Open Enrollment period **60** days prior to the group's anniversary date (a group renewing 10/1 would have open enrollment from 8/1 – 8/31 with coverage effective on 10/1).

Proper Applications

Applications used for additions must be consistent with the applications used at the initial enrollment of the group (medical vs. non-medical apps).

Section 9 – Fraud and Misrepresentation

Undetected fraudulent claims affect the cost of health care. The severity of this problem continues to grow. As the agent, it is your responsibility to help perform field underwriting by helping to detect applicants who are not providing complete information on their application.

We are stepping up our efforts to combat fraud by utilizing available technologies to enhance our fraud detection.

In circumstances where fraud or misrepresentation is suspected, the Group Underwriting Department will order medical records and other documents necessary to determine if it is fraud. All documentation will be reviewed and a decision will be made as to whether:

- The application answers are willfully false.
- The application answers were fraudulently made.
- The coverage would not have been offered at the same rating without the false statements.
- The answers caused American Community to issue coverage at a more favorable rating.
- American Community missed the opportunity to reinsure via a State Reinsurance mechanism due to undisclosed medical history or false statements made at application.

In cases where fraud or misrepresentation occur on the Group Employer or Employee applications, American Community will take appropriate action to remedy the situation. Actions may include re-rating the group or terminating the individual or the group on their renewal date, in accordance with state law.

Section 10 - HIPAA Privacy Rule

In December 2000, the Department of Health and Human Services (HHS) issued regulations pursuant to the Health Insurance Portability and Accountability Act (HIPAA), which regulate the use and disclosure of protected health information. This rule, better known as the HIPAA Privacy Rule, went into effect on April 14, 2003. The HIPAA Privacy Rule protects all medical records and other protected information held or disclosed by health insurance companies and other "covered entities" to their business associates. Under this rule, American Community is considered to be a "covered entity". The requirements of this rule also apply to "business associates" that use or disclose protected information in the course of providing service for "covered entities". Insurance agents and agencies that are engaged in activities on behalf of a "covered entity" are deemed "business associates" of that insurer under the rule. The HIPAA Privacy Rule requires a covered entity to have a written agreement in place with its business associates in order to continue doing business with them. This agreement establishes the permitted and required uses and disclosures of protected information by the business associate. American Community has sent out copies of the **Privacy Amendment**, which closely matches the sample agreement provided by HHS, to your **Agent Agreement** for all agents to review and sign.

For any additional questions regarding the specifics of the HIPAA Privacy Rule, please refer to the **Privacy Amendment** that you signed, **Agent Field Bulletin #1227**, your Marketing Director or to the website <http://www.cms.hhs.gov/hipaa>.

Section 11 - Appendices

Appendix A – *Medical Questionnaires for Specific Illnesses*

You can save processing time! Obtain these questionnaires whenever the following conditions exist. The questionnaires are available through our web site at www.american-community.com or by contacting our Marketing/Agent Supplies Dept at 800-991-2642 ext 4673 and requesting the Group Underwriting Questionnaires packet.

Accident	Encephalitis	Multiple Sclerosis
Acne	Endocarditis	Myasthenia Gravis
Alcohol	Endometriosis	Osteoporosis
Allergies	Epilepsy/Seizure Disorder	Otitis Media
Anemia	Fibromyalgia	Ovarian Cyst
Aortic/Mitral Stenosis	Fracture	Pancreatitis
Arteriosclerosis	Future Surgery	PAP-Abnormal
Arthritis	Gastroesophageal Reflux (GERD)	Paralysis
Asthma	General Gynecological	Parkinson's
Atrial-Septal Defect	General Urinary	Pericarditis
Auto Accident	Glaucoma	Phlebitis
Back Sprain/Strain	Gout	Polio
Bells' Palsy/Facial Paralysis	Hearing Loss	Polyp
Breast Disease	Heart Murmur	Pregnancy
Bronchiectasis	Hematuria/Blood in Urine	Preterm Infant
Burns	Hepatitis	Prostate
Cancer	Hernia	Psoriasis
Cardiac	High Blood Pressure	Raynauds Disease
Cardiac Arrhythmia	Hip Replacement	Rectal Bleeding
Carotid Artery	HBP/High Cholesterol	Renal Failure
Carpal Tunnel	High Cholesterol	Respiratory
Cataracts	Hirschprung's Disease	Sarcoidosis
Cerebral Palsy	Human Papilloma Virus-HPV	Scoliosis
Chemical Dependency	Hysterectomy	Skin Cancer
Chiropractic	Infertility	Skin Conditions
Chronic Fatigue	Joint Disease	Sleep Apnea
Cirrhosis	Kawasaki Disease	Stones-Kidney, Ureter, Bladder
Colitis	Kidney Disorder	Stroke
Counseling	Knee Injury	Therapy
Crohn's Disease/Ileitis	Knee Replacement	Thyroid Disorder
Depression	Lupus	Transient Ischemic Attack (TIA)
Deviated Septum	Lymphoma	Transplant
Diabetes	Medication	Tumor
Disc Disorder	Mental/Nervous Disorder	Ulcerative Proctitis
Diverticular Disease	Migraine	Ulcers
Downs Syndrome	Mitral Valve Prolapse	Weight
Eating Disorder	Miniere's Disease	Wolff-Parkinson-White
Emphysema		

Appendix B— New Group Confirmation Form



NEW GROUP CONFIRMATION FORM

GROUP NAME:

GROUP NO.:

EFFECTIVE DATE:

PPO NETWORK:

PROPOSAL ID NO.:

This group has been approved for insurance. By signing this document, the owner or contact person for this group confirms the purchase and acceptance of the coverage shown in the attached proposal including effective date, premium rates and benefits purchased.

As representative of _____
(Employer or company name)

I verify acceptance of the coverage shown in Proposal ID# _____ confirming premium rates, benefits and effective date of the insurance. I also verify that all full time employees have been enrolled and their coverage status and benefit selections are correct. **The employer has reviewed the proposal, understands the benefits and has communicated them to all employees.**

The benefits checked 'Yes' below are **included** as covered benefits in this proposal:

Yes	No		Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Accident	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	24-Hour Occupational Coverage	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			Preventive Care	
			Deductible Carryover	

The following information must be received before coverage becomes effective, certificates and I.D. cards mailed, and the premium billed:

N/A

(Signature and title)

(Print Name)

(Date)

Please have this form signed and returned within 48 hours. If this form is not received within 15 days of the above indicated effective date, we may require a change in the effective date. We may also require new applications and re-underwrite your group. Should any questions arise that cause the owner or representative not to sign this form, please contact the underwriter, _____, at 800-991-2642 ext. _____. The signed form may be returned via fax to **734-853-**_____.

Appendix C—Rewrite Confirmation Form



REWRITE GROUP CONFIRMATION FORM

GROUP NAME:
PRIOR GROUP NO.:
NEW PLAN GROUP NO.:
EFFECTIVE DATE:
PPO NETWORK:
PROPOSAL ID NO.:

This group has been approved for insurance. By signing this document, the owner or contact person for this group confirms the purchase and acceptance of the coverage shown in the attached proposal including effective date, premium rates and benefits purchased.

As representative of _____
(Employer or company name)

I verify acceptance of the coverage shown in Proposal ID# _____ confirming premium rates, benefits and effective date of the insurance. I also verify that all full time employees have been enrolled and their coverage status and benefit selections are correct. **The employer has reviewed the proposal, understands the benefits and has communicated them to all employees.**

The benefits checked 'Yes' below are **included** as covered benefits in this proposal:

- | | | | | |
|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| Yes | No | | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | Mental Health | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Substance Abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 24-Hour Occupational Coverage | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Preventive Care | Supplemental Accident |
| | | | Deductible Carryover | |

The following information must be received before coverage becomes effective, certificates and I.D. cards mailed, and the premium billed:

N/A

 (Signature and title)

 (Print Name)

 (Date)

Please have this form signed and returned within 48 hours. If this form is not received within 15 days of the above indicated effective date, we may require a change in the effective date. We may also require new applications and re-underwrite your group. Should any questions arise that cause the owner or representative not to sign this form, please contact the underwriter, _____, at 800-991-2642 ext. _____. The signed form may be returned via fax to **734-853-**_____.

Appendix D—Multiple Network Availability**Multiple Network Availability
Actively Marketed Networks**

State	Network	Multiple Network Availability
Arizona	Arizona Foundation	No Restrictions
	Arizona Foundation Plus	No Restrictions
	Arizona Foundation Select	No Restrictions
Illinois	HealthLink	With Permission
	HealthLink OAll	With Permission
	MultiPlan	No Restrictions
	PHCS	No Restrictions
Indiana	PHCS	No Restrictions
	Sagamore	No Restrictions
Iowa	Midlands Choice	Group Choice
Michigan	Beechstreet	No Restrictions
	Lakeland Care	Group Choice
	PHCS	No Restrictions
	PPOM	Group Choice
Missouri	HealthLink	With Permission
	HealthLink OAll	With Permission
	PHCS	No Restrictions
Nebraska	Midlands Choice	Group Choice
Ohio	SuperMed Plus (Antares)	With Permission
	PHCS	No Restrictions
Pennsylvania	Intergroup	Group Choice

Group Choice - Covered Individuals under a group shall not have access to more than one network (dual access) in service area. Multiple networks are permitted but dual access by a covered individual is not.

No Restrictions - No restrictions regarding multiple networks in the designated service area.

With Permission - Exceptions are allowed with network permission.

Appendix E—Senior Account Managers

Cindy Bonnici

Senior Account Manager - **Michigan**
American Community Mutual Insurance Company
39201 Seven Mile Road
Livonia, MI 48152
Phone: (direct#) (734) 452-9573
Voice Mail: (800) 991-2642 Ext. 4134
Fax: (734) 853-2278
E-Mail: cbonnici@american-community.com

Vickie McGonigle

Senior Account Manager – **Indiana, Nebraska**
American Community Mutual Insurance Company
39201 Seven Mile Road
Livonia, MI 48152
Phone: (direct#) (765) 649-9176
Voice Mail: (800) 991-2642 Ext. 4129
Fax: (765) 649-9178
E-Mail: vmcgonigle@american-community.com

Nancy Schultz

Senior Account Manager – **Illinois, Iowa, Missouri**
American Community Mutual Insurance Company
39201 Seven Mile Road
Livonia, MI 48152
Phone: (direct #) (636) 451-3838
Voice Mail: (800) 991-2642 Ext. 4122
Fax: (636) 742-3838
E-mail: nschultz@american-community.com

Wendy Frady

Senior Account Manager – **Ohio, Arizona**
American Community Mutual Insurance Company
39201 Seven Mile Road
Livonia, MI 48152
Phone: (direct#) (937) 337-0138
Voice Mail: (800) 991-2642 Ext. 4153
Fax: (937) 337-0138
E-mail: wfrady@american-community.com

Appendix F—Affidavit

STATE OF _____

COUNTY OF _____

AFFIDAVIT

I, _____, being first duly sworn, depose and say for the purpose of
(Name of Group Official)

obtaining insurance coverage with American Community Mutual Insurance Company (“American Community”).

1. I am the _____ for _____ (“Group”).
i. (Title) (Name of Group)

I am an authorized representative of Group and have full power and authority to act on behalf of Group and legally bind it.

2. The Group is a for-profit organization duly organized and licensed to conduct business in the State of _____.
3. The Group was not organized or created for the purpose of obtaining insurance.
4. The Group members who apply for insurance coverage from American Community are full-time employees of the Group, works for the Group at its usual place of business, drawing regular paychecks, and compensation is reported by the Group to the IRS on W-2 forms.
5. The Group is providing Worker's Compensation coverage for all Group members who apply for American Community insurance coverage.
6. To be considered full-time employees, Group members must work the following minimum number of hours per week: _____.
7. I understand and acknowledge that I am familiar with the underwriting requirements for American Community group members and that any insurance coverage for my Group is subject to compliance with said requirements.
8. I understand and acknowledge that American Community has the right to void insurance coverage for the Group and/or any Group member, as applicable, should any of the above information be found to be false, and American Community may also void coverage for the Group and/or Group members, as applicable, should the Group and/or Group members engage in fraudulent conduct, deception or misrepresentation relating to any application, coverage, any claim or any usage of an American Community identification card.

I certify that I understand the contents of this Affidavit and further certify that the information stated above is true and accurate, that it may be relied upon by American Community, and that I will promptly notify American Community of any changes in the eligibility of persons enrolled through this group.

NAME	SOCIAL SECURITY NUMBER	HIRE DATE	NUMBER OF HOURS WORKED PER WEEK	NUMBER OF WEEKS WORKED PER YEAR

Group name:

Signature:

Date:

STATE OF _____)
) SS
 COUNTY OF _____)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 200__

 Notary Public


AMERICAN COMMUNITY
MUTUAL INSURANCE COMPANY®
39201 Seven Mile Road, Livonia, Michigan 48152-1094
(800) 991-2642 (734) 591-9000 (734) 591-4628 Fax
www.american-community.com

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