


# Critical Illness Producer Guide



Critical Illness Insurance

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You choose how to spend it.  
So you can focus on getting well.

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If you survive a serious medical illness, will it be enough? How will you replace lost income for the mortgage payment or child care?

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# Critical Illness Producer Guide

## Intro

This guide is designed to give you basic information regarding appointment and contracting, compensation, coverage, eligibility, application submission and claims for Critical Illness insurance. It is not intended to provide full details. Provisions, benefits, exclusions and limitations may vary by state. Refer to the certificate of coverage, schedule of benefits, along with amendatory endorsements and riders for additional information.

## Partners

### About The IHC Group

Independence Holding Company (NYSE: IHC) is a holding company that is principally engaged in underwriting, administering and/or distributing group and individual specialty benefit products, including disability, supplemental health, pet, and group life insurance through its subsidiaries since 1980. The IHC Group owns three insurance companies (Standard Security Life Insurance Company of New York, Madison National Life Insurance Company, Inc. and Independence American Insurance Company), and IHC Specialty Benefits, Inc., a technology-driven insurance sales and marketing company that creates value for insurance producers, carriers and consumers (both individuals and small businesses) through a suite of proprietary tools and products (including ACA plans and small group medical stop-loss). All products are placed with highly rated carriers.

### About Standard Security Life Insurance Company of New York

Standard Security Life was founded in 1958, and is domiciled in the State of New York and headquartered in New York City. It is licensed in all 50 states, the District of Columbia, the Virgin Islands, and Puerto Rico. Standard Security Life provides various lines of life, health and disability insurance, including: employer medical stop-loss, disability benefit law (DBL), short-term medical, group major medical, individual and group dental and vision, individual accident and health insurance, group term life, specialty programs designed for volunteer emergency service personnel, including group life insurance and service awards programs. Standard Security Life is rated A- (Excellent) by A.M. Best Company, Inc., a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet policyholder obligations (an A++ rating from A.M. Best is its highest rating).

### About Independence American Insurance Company

Independence American Insurance Company is domiciled in Delaware and licensed to write property and/or casualty insurance in all 50 states and the District of Columbia. Its products include short-term medical, hospital indemnity, fixed indemnity limited benefit, group and individual dental, and pet insurance. Independence American is rated A- (Excellent) for financial strength by A.M. Best Company, a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet policyholder obligations (an A++ rating from A.M. Best is its highest rating).

### About Madison National Life Insurance Company, Inc.

Madison National Life Insurance Company, Inc. was founded in 1961 and is domiciled in Wisconsin and licensed to sell insurance products in 49 states, the District of Columbia, Guam, American Samoa and the U.S. Virgin Islands. Its core products and services are group life and disability income and specialty health insurance. It is rated A- (Excellent) for financial strength by A.M. Best Company, a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet policyholder obligations (an A++ rating from A.M. Best is its highest rating).

# Critical Illness Producer Guide

## Becoming an IHC Producer

### - Appointment

In order to begin selling products available through The IHC Group, you must be recommended through a general agent or IHC sales representative. In addition to becoming your point of contact for sales, service and training, this individual will assist you in determining contracting and appointment rules for the state(s) in which you do business.

You must have a current life/health license for each state in which you do business, be in good standing with the Department of Insurance, and not have been convicted of a felony involving moral turpitude. If commissions are paid to an agency, some states require that the agency be licensed as well as the individual agent. Upon submission of your first case, provide your general agent or sales representative with the following properly completed, signed and dated documents:

- Producer Application
- Copies of current individual license(s) for each state you plan to write business in
- A copy of your Agency license if commissions are to be assigned to the Agency
- IHC Producer Agreement – **signed and dated**
- Commission schedule – no signature required, however, must be returned with the Producer Agreement to ensure accurate commission payment
- Direct Deposit Authorization form with copy of blank voided check – **signed and dated**

If you have requested an appointment without the submission of new business, we will not process your appointment request until new business is submitted. Please be advised that we will keep your appointment paperwork on file for 90 days from date of submission; so we encourage you to submit new business as soon as possible to finalize the appointment process.

You will be notified when the insurance carrier appointment is completed and will be sent a copy of your executed Producer's Agreement. Until the insurance company completes your appointment, IHC Group may hold any commissions that are due.

### - Commissions

You will receive monthly commissions subject to the terms and conditions of IHC's Group Insurance Plans Producer's Agreement. Some states may have different commission rules. For details, see the Producer's Agreement.

Commissions are paid (mail or direct deposit) on the 15th of the month for premium that has been received, posted, billed, and collected by the last day of the previous month, providing that the amount is greater than \$25. For amounts less than \$25, commissions will be paid when the amount accumulates to \$25. We strongly recommend direct deposit.

If, for any reason, the company refunds any premium or part of a premium on any policy you have written and been paid commissions on, you will be required to repay IHC any commissions you have received on that refunded amount. Such refunds may be shown as adjustments on your commission statement.

To continue to receive commissions, the case must remain inforce, the premiums must be paid, and you must actively service the account. Refer to your Producer's Agreement for further details.

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## - Online Portal

The online agent portal is a valuable resource that allows agents to access compensation, download forms, review reports and statements, and much more. Unique sales URL's can also be found within the agent portal. Visit [www.myihcgroup.com](http://www.myihcgroup.com) to access the website. Contact your IHC sales representative for your website and log-in information.

## Plan Overview

For a plan information, please refer to the [Critical Illness brochure](#).

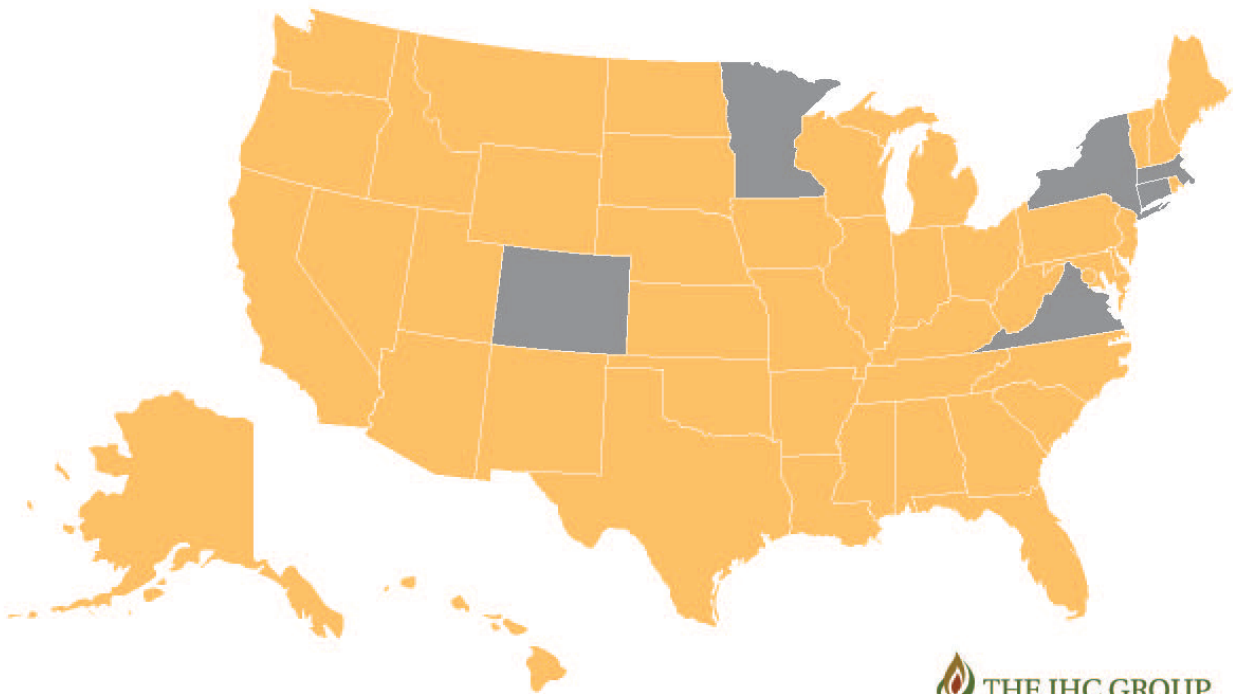
## Exclusions

For a full list of benefit exclusions, please refer to the [Critical Illness brochure](#).

## State Approvals

### Critical Illness State Availability

#### KEY



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## New Business Process

### - Eligibility

Clients are eligible to apply for a Critical Illness Insurance plan if you are between age 18 and 64 and a permanent, legal resident of the United States. Lawful spouses (or partner, as defined by each state) and children through age 24 are also eligible. Clients can apply by completing an application for insurance and by qualifying for coverage based on the plan's underwriting guidelines. Critical Illness Insurance is renewable to age 75.

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## - Effective Date of Coverage

Coverage is effective as of the effective date for insured and any eligible dependents who were included in initial application, provided that eligibility, underwriting and enrollment requirements are met. Coverage will not become effective for any person whose medical history changes prior to the Effective Date, such that the person's answer would be "Yes" to any of the medical history questions in the Application. If medical history changes prior to the Effective Date, coverage is automatically declined for all persons included in the application.

## - Billing Modes

Plan premiums may be paid monthly through credit card or bank draft, or direct-billed quarterly, semiannually or annually. Annual payment mode provides the best value. Post-dated checks, checking deposit slips, and agency checks are not acceptable.

## - Billing Date

The applicant may request a plan effective date of the 1st or 15th of the month. The application must be received on or before the requested effective date. The request will be honored if the application can be approved within 15 days of the requested effective date.

If the applicant has selected a monthly payment mode, the first payment and all future payments will be completed using the information provided. The payment authorization form must be completed and submitted with enrollment. If monthly credit card or bank draft is selected as the mode of payment, the first charge/draft is completed at time of submission. Future payments will be charged/drafted on the 1st or 15th of the month, based on the effective date selected.

## - Grace Period

After payment of the first premium, IHC will allow a grace period of 31 days following the premium due date to pay subsequent premiums. Charges incurred during the grace period are not covered unless the premium due is paid by the end of the grace period. The payment of any premium will not keep the coverage in force beyond the due date of the next premium. If the premium due is not paid by the end of the grace period, then coverage will lapse as of the due date.

## - Renewability of Coverage

If the need for temporary health insurance continues, most states allow application for another short-term medical plan. Application is subject to eligibility, underwriting requirements and state availability of the coverage. The next coverage period is not a continuation of the previous period; it is a new plan with a new deductible, coinsurance and limitations.

## - Termination of Coverage

Insurance under the Policy ends the earliest of:

- The date premium is not paid when due or within the 31-day grace period
- Written request is received from the insured person
- The insured person reaches the maximum benefit amount
- Death of the insured person
- The insured person is no longer a permanent, legal resident of the United States
- The insured or spouse attains age 75

Coverage for an insured dependent child terminates when she/he attains age 25.



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## Underwriting Guidelines

Critical Illness Insurance applications will be reviewed on an 'accept' or 'reject' basis; no exclusionary riders or ratings will be issued. Medical eligibility for coverage is based on three sources of information:

- 1) Medical history provided on the application
- 2) The applicant's height and weight
- 3) MIB

### 1) Medical History

If any questions in Section II of the application are answered "Yes", the application for coverage will be declined.

Following is an overview of those declinable conditions/questions (conditions/questions vary by state):

The applicant will be declined if she/he received an abnormal diagnostic test result, had been diagnosed with, received (or been advised to receive) treatment.

#### **Within the past 10 years for any of the following:**

- Heart attack, aortic or heart valve surgery, angioplasty or coronary artery bypass
- Stroke or transient ischemic attack (TIA)
- Cancer or leukemia (excluding basal or squamous cell carcinoma of the skin)
- End-stage renal disease (ESRD)
- Major organ failure or bone marrow transplant
- Human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS)
- Alzheimer's disease, dementia or amyotrophic lateral sclerosis (ALS), muscular dystrophy, chorea or other diseases of the central nervous system
- Multiple sclerosis (MS)
- Cirrhosis of the liver
- Hepatitis B, hepatitis C, or a carrier of hepatitis
- Alcoholism, drug or substance abuse
- Diabetes (other than during pregnancy)

*\*Please refer to the state-specific Policy forms for current information and complete benefit details.*

#### **Within the past 5 years for any of the following:**

- Heart disease, including angina (excluding mitral valve prolapsed not requiring medication or treatment, and innocent (functional) heart murmurs)
- Kidney disease (excluding non-recurrent kidney stones or non-chronic infections)
- Liver disease
- Lung disease (excluding non-chronic bronchitis, asthma, and a single episode of pneumonia that has not required hospitalization)
- Disease of the nervous system (excluding non-chronic shingles)
- Colitis, disease or disorder of the pancreas, or Crohn's disease (excluding mucus colitis and irritable bowel syndrome)
- Recurrent tumors or unexplained tumors or growth, pre-cancerous lesions/tumors, polyps, dysplastic nevi (atypical moles), or abnormal moles or lesions
- Basal or squamous cell carcinoma of the skin
- Fibrocystic breast disease or an abnormal PSA test, Pap smear or mammogram

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- Hypertension which averaged over 150/90 or (within the last year) has required more than one medication to control
- Hyperlipidemia with cholesterol levels averaging over 300mg and/or triglyceride levels averaging over 350mg or (within the last year) has required more than one medication to control
- Recurrent human papillomavirus (HPV) or a sexually transmitted disease

*\*Please refer to the state-specific Policy forms for current information and complete benefit details.*

The applicant would be declined for coverage if, within the past 5 years, the applicant has lost the ability to dress, bath, feed, toilet or transfer in or out of a chair or bed.

Also, the applicant would be declined if she/he has two or more natural parents, brothers or sisters (living or deceased) who were diagnosed with one of the following same conditions:

- Diagnosed before age 60: cancer, heart disease, diabetes, stroke or kidney disease
- Diagnosed before age 75: colorectal cancer, Alzheimer's disease or dementia

## 2) Height/Weight

Applicant's weight must fall within the minimum and maximum weight for his/her height to be eligible for coverage. This build table applies to men and women age 18 and older.

Height	Minimum Weight	Maximum Weight
4'8"	74	168
4'9"	77	174
4'10"	80	180
4'11"	83	186
5'0"	86	192
5'1"	89	198
5'2"	92	204
5'3"	95	210
5'4"	98	217
5'5"	101	224
5'6"	104	231
5'7"	107	238
5'8"	110	245
5'9"	113	252
5'10"	117	260
5'11"	121	268
6'0"	125	276
6'1"	129	284
6'2"	133	292
6'3"	137	300
6'4"	142	308
6'5"	147	316
6'6"	152	324

## 3) MIB

MIB Group, Inc. (MIB), previously known as Medical Information Bureau, is a membership corporation owned by approximately 470 member insurance companies in the US and Canada. Standard Security Life will perform an MIB search for all Critical Illness Insurance applicants. If MIB does contain information about the applicant, an underwriter will review the application and determine the next course of action.



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## **- Notice of Claim**

Written notice of claim must be given within 90-days after the date on which the claim was incurred or no later than one year from the date on which the charges are incurred unless the covered person is legally incapacitated. The date on which the charges are incurred is the date on which the services or supplies were provided. The notice should include the covered person's name and policy number.

## **- Submitting a Claim**

The back of the ID card has instructions on where to electronically send claims.

## **- Payment of Claims**

Payments for covered charges will be paid as they accrue, subject to written proof of loss. Any balance unpaid at the end of liability will be paid on receipt of written proof of loss.

Covered charges will be payable to the employee unless they are assigned to a physician, facility or other health care provider. Any notice of assignment of benefits must be in writing and mailed to IHC or the authorized administrator. Notice of the assignment of benefits received from a physician, facility or other health care provider will be sufficient to cause covered charges to be paid to such physician, facility or other health care provider. You may revoke an assignment of benefits at any time by providing written notice of such revocation to IHC or the authorized administrator. Any such written revocation of an assignment of benefits shall be valid as to both the employee and the physician, facility or other health care provider.

## **10-Day Right-to-Return Policy**

If for any reason the insured is not satisfied with this Policy, they may return it within 10-days after receiving it. We will refund any premium paid minus the enrollment and administrative fees; coverage issued under the Policy will be void, as though coverage had not been issued

## **Contacts**

### **Administrative and Billing Customer Service**

Phone: 800-228-6790

Email: [newpolicyservices@ebix-hae.com](mailto:newpolicyservices@ebix-hae.com)

Fax recall system: 877-223-4693

### **Claims and Benefits Customer Service**

Phone: 800-231-5889

Email: [ebix.dental@ebix-hae.com](mailto:ebix.dental@ebix-hae.com)

### **Administrative and Billing**

Fax: 815-633-0277

### **Mailing Address:**

Ebix Health Administration Exchange, Inc.

PO Box 15250

Loves Park, IL 61132-5250