



Guaranteed Issue Rights Notice

Before answering any Health History or Medical Information Questions, please read this important information regarding Medicare Supplement Guaranteed Issue rights.

You are not required to provide health information during a period of guaranteed issuance. You are not required to answer the Health History or Medical information questions in this application if you are entitled to a guaranteed issue Medicare Supplement Plan. If you qualify for enrollment on the basis of guaranteed issue, you will not be denied coverage.

You will not be required or requested to sign a form required by the Federal Health Insurance Portability and Accountability Act of 1996.

Please refer to the attached **Medicare Supplement Guaranteed Issue Guideline** to determine if you qualify for Guaranteed Acceptance into an Anthem Blue Cross Medicare Supplement Plan.

If you think you qualify for guaranteed acceptance into an Anthem Blue Cross Medicare Supplement Plan please write the number of the qualifying situation, as described in the Medicare Supplement Guaranteed Issue Guideline, in the Box below. Then attach proof of prior coverage as a separate sheet, and sign and date the sheet.

I believe I qualify for guaranteed acceptance based on situation number

Please note: Guaranteed acceptance does not apply to Anthem Blue Cross Senior SmartChoice PLUS (High deductible Plan F with Rider).

For more information about guaranteed acceptance, please contact Anthem Blue Cross Senior Services at the following toll-free number:

(800) 333-3883

Monday – Friday:
8:00 a.m. to 6:00 p.m.

Or, contact your Anthem Blue Cross Agent.

You may also contact the California Health Insurance Counseling and Advocacy Program (HICAP) for guidance. HICAP provides health insurance counseling for California Citizens. Call HICAP toll-free at (800) 434-0222 for a referral to your local HICAP office. HICAP is a service provided free of charge by the state of California.

Medicare Supplement Guaranteed Issue Guideline

Important: Please note this Guide is only a summary, and is intended to help you identify the different situations that may qualify you for a Guaranteed Acceptance into Anthem Blue Cross Medicare Supplement Plan.

The Initial Enrollment Period for Part B is:

◆ 7 months, starting 3 months before you turn 65 and ending 3 months after the month of your birthday. If you do not enroll during this period, you will have to wait until the next General Enrollment Period.

The General Enrollment Period for Part B is:

◆ January 1 to March 31 each year. Medicare coverage will be effective the following July 1st.

Special Enrollment for Part B

◆ Part B enrollment may be delayed if you are over age 65 and have group health insurance as a result of your current employment or your spouse's current employment that provides group health insurance; or, you are disabled and have group health insurance based on yours or any family member's current employment.

◆ In any of these instances, you will qualify for a special 6-month enrollment period beginning the month after the termination of your group-sponsored coverage. If you do not enroll by the end of this grace period, you will have to wait until the next General Enrollment Period.

Guaranteed Issue

Listed below are situations in which a Medicare applicant/member has the right to purchase a Medigap policy. These rights are commonly called guaranteed issue (GI) rights. In these circumstances, acceptance into a Medicare Supplemental policy is guaranteed regardless of the applicant's medical condition(s).

Situations

1. Part B effective date: You are eligible for Guaranteed issue if you are at least 65 years of age and apply for a Anthem Blue Cross Medicare Supplement Plan prior to or during the six-month period beginning with the first day of the month of your Part B effective date. You must submit evidence that you have Medicare Parts A and B with your application.

2. Disabled and receiving Medicare benefits prior to your 65th birthday: Upon your 65th birthday you will receive a 6-month Guaranteed Issue period beginning with the date of your 65th birthday. Excludes End Stage Renal Disease members. You must submit evidence that you have Medicare Parts A and B with your application.

3. Termination of coverage under a group-sponsored health plan: If you are receiving health care coverage through your group employer and you decide to terminate the group plan, you are entitled to a 6-month Guaranteed Issue period beginning on the date of termination. You must provide proof of disenrollment with your application.

4. Medicare Advantage (MA) coverage ends due to the Plan leaving the program or area: You have 123 days as of the date of termination to select a Medigap plan from any company in the area. If you have relocated to an area where the company does not have a plan, you are entitled to a guaranteed issue period for 123 days. You must provide proof of disenrollment with your application.

5. Termination of health care for military retiree or spouse or dependents due to military base closure, base no longer offers services, or you relocated: If you are a Medicare-eligible military retiree or dependent and at least 65 you are entitled to a 6-month guaranteed issue period beginning the date you lost health care services at the military base. You must provide proof of prior insurance with your application.

6. Upon becoming eligible for Medicare benefits at age 65, you enrolled in a MA plan and then disenrolled within 12 months: You are entitled to the lesser of 63 days or the 1 year anniversary of your enrollment in MA as a guaranteed issue period beginning with date of disenrollment from the MA plan. You must provide proof of prior insurance with your application.

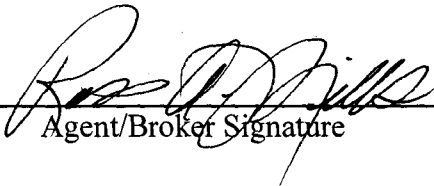
7. Disenroll from a Select, Pace or MA plan within 1 year of leaving a Medigap policy for the first time. You are entitled to re-enroll in your original Medigap policy within the lesser of 63 days or the 1 year anniversary of your enrollment in MA beginning with the date of termination. This must be your first time enrolled in a Select, Pace, or MA plan. You must provide proof of prior insurance with your application.

8. Birthday Rule: You are entitled to acceptance into equal or lesser value plans for 30 days beginning on your birthday. You must have a Medicare Supplement Plan and you must provide proof of prior coverage with your application.

9. Leave your plan as a result of fraud committed by the plan: You are entitled to a 63-day guaranteed issue period beginning with the latter of the date of termination or the fraud determination date. You must provide proof of prior coverage and provide a determination letter stating the plan was at fault with your application.

10. Your MA plan, reduces benefits, increases the cost sharing amount, or discontinues a provider for other than good cause: If any one of these events occur you are entitled to a guaranteed issue period of 63 days. You must provide proof of prior coverage with your application.

I acknowledge receipt of the Guaranteed Issue Rights Notice and the Medicare Supplement Guaranteed Issue Guideline. I have had full opportunity to read and consider my Medicare Supplement Guaranteed Issue Rights.

_____	_____	_____
Print Applicant's Name	Applicant's Signature	Date
Ross A. Mills		
_____	_____	_____
Print Agent/Broker Name	Agent/Broker Signature	Date
571623254		
Agent/Broker ID		