



## Field Guide

# Protection Series<sup>SM</sup> — **Cancer and Heart Attack or Stroke Insurance Plans**

**Aetna Life Insurance Company  
Continental Life Insurance Company  
of Brentwood, Tennessee**

Aetna Companies



# New business guidelines

- Always take enough time with the applicants to assure they fully understand the application questions and terminology.
- Applications must be signed by the primary insured (policyowner) and spouse/domestic partner (if applicable). (*Power of Attorney signature is not acceptable.*)
- If corrections to the application are made prior to submission of the application, the applicant must strike over and initial the correction.
- Make certain to select the coverage type, plans and optional coverage as well as benefit amount being applied for on page 2 of the application.
- Agent Writing Number and signature are required prior to submission.
- The effective date will be the date of issue unless a specific start date is required due to replacement of coverage. Effective date must be indicated on Page 2 of the application.
- The Premium mode and Payment method must be selected on the application.
- All health questions must be answered for selected plans.
- A telephone interview is **not** required.

Applications will be rejected for the following reasons:

- Anyone other than the primary insured (policyowner) supplies the answers to the questions and signs the application. (*Power of Attorney signature is not acceptable.*)
- Affidavit of Domestic Partner Form (Georgia only) - not signed, dated and notarized.
- The applicant was not aware they applied for insurance.
- White-out was used to make changes to the application.
- Answers to health questions (for selected plans) are incomplete.
- Any health question is answered "YES".
- No check or electronic funds information is submitted with the application.
- The application is received in the home office more than 30 days after the applicant's signature date.

## Application submissions

- Applications must be submitted within 30 days of the application signature date.
- Applications may be mailed or faxed:
  - **Mail** (applications paying by check)  
Aetna  
Senior Supplemental Insurance  
PO Box 14399  
Lexington, KY 40512-9700
  - **Fax** (applications using EFT)  
877 380.2777

Applications received in good order and meeting Underwriting guidelines, will be issued within 2-3 business days.

## Effective date

- The effective date will be the date of issue unless a specific start date is requested due to replacement of similar coverage. The specified effective date must be clearly indicated on page 2 of the application (next to “Type of coverage selected”).
- The requested effective date can not be any more than 30 days from the application signature date.
- The effective date for an application received that is “NOT IN GOOD ORDER” (NIGO) will be the date the NIGO is resolved.

## Premium mode and draft date

- Four types of premium modes to choose from:
  - Annual
  - Semi-annual
  - Quarterly
  - Monthly bank draft (*electronic funds transfer*)
- Two types of payment methods:
  - Check
  - Electronic funds transfer
- Initial premium for electronic funds transfer will be drafted the day of issuance.

- Applicants may request to change the subsequent draft day. The draft day cannot be greater than 15 days from the policy effective date. Choosing a subsequent draft day of more than 15 days from the policy effective date may result in the policy drafting in advance. Subsequent draft days must be indicated on the application at the time of submission or by contacting our Policyholder Services Department after the policy has been issued.
- Draft days cannot occur on the 29th, 30th or 31st of the month. All drafts scheduled for the 29th will be drafted on the 28th of the month. All drafts scheduled for the 30th or 31st will be drafted on the 1st of the following month.

## Persons eligible for coverage

- Individual
- Individual and spouse/domestic partner
- Individual and dependent children (up to age 26)  
*(Children can convert to individual policy at age 18. Disabled children covered for the life of the policy.)*
- Family

## Plan selection

- Cancer only\*
- Cancer and Heart Attack or Stroke\*
- Optional benefit: Intensive Care Unit Rider  
*(Heart Attack or Stroke and Intensive Care Unit Rider are provided **only** in conjunction with cancer plan.)*
- Limits:

- Minimum limit - \$5,000\*
- Maximum limit - \$75,000\*

*(Benefits for Cancer and Heart Attack or Stroke are available in \$5,000 increments up to \$75,000. Benefits for Intensive Care Unit Rider are available in \$150.00 increments (up to 4 increments) for a total benefit of \$600.00.)*

Maximum limit subject to state law. Please consult the state specific outline of coverage.

\* Products vary by state. Reference the Outline of Coverage and brochure for details.

## Plan rates

- Refer to the Outline of Coverage when determining the premium for the application.
- The rates are determined by the **age of the primary insured** (policy owner) as of the effective date.

## Policyholder Services

- Once the policy has been issued, contact our Policyholder Services Department at 800 264.4000 (option 3, 7) or by fax 855 264.4000 for any of the following:
  - Beneficiary change
  - Name change
  - Electronic funds transfer/bank draft authorization change
  - Addition/deletion of dependents
  - Verification of dependent status
  - Increase/decrease in coverage
  - Conversions
  - Reinstatements

## For faster service eliminate these Not-In-Good-Order (NIGO) errors

NIGO Reason	Business Area	Description
Missing and Incomplete Forms, Invalid Data, Shortages	Licensing and All New Business	<ul style="list-style-type: none"> <li>Agent contracts &amp; applications for insurance are legal documents; make sure ALL required forms (new business applications vary by state) are complete, legible, properly signed, &amp; dated</li> <li>Submit ALL forms in their entirety to the home office</li> <li>A check list (included with agent contracting forms &amp; in product sales kits) identifies all of the documents required by the home office</li> <li>Ensure the SSN matches the primary applicant on the application; do not use spouse's/domestic partner's Social Security Number</li> <li>Ensure full name, gender, birthdate and age of all additional proposed insured's is completed</li> <li>Indicate where to mail policy – agent or applicant</li> <li>Keep live checks &amp; apps together if using the lockbox</li> </ul>
Health Questions	Cancer and Heart Attack or Stroke	<ul style="list-style-type: none"> <li>Answer all health questions for selected plans <ul style="list-style-type: none"> <li>Any yes answers – application is automatic decline and should not be submitted to the company</li> </ul> </li> </ul>
Physical Address	All New Business	<ul style="list-style-type: none"> <li>Provide the applicant's physical address</li> <li>If the applicant uses a P O Box mailing address, you must also indicate their physical address in the address information section of the application</li> <li>Use application forms based on the applicant's state of residence (forms vary by state)</li> </ul>
Effective Dates and Signature Dates	All New Business	<ul style="list-style-type: none"> <li>Make sure all dates are correct (including the year)</li> <li>The signature date can NOT be in the future &amp; MUST be the date the applicant signed the application</li> <li>The policy effective date cannot be the 29th, 30th, or 31st of a month</li> <li>Effective date will be date of issuance unless otherwise requested</li> </ul>
Appointment States	Licensing	<ul style="list-style-type: none"> <li>In Section 4 of the Producer Information Form (PIF), indicate all states that an agent is actively licensed and for which he/she would like to market the product</li> </ul>
Affidavit of Domestic Partnership (Georgia only)	New Business	<ul style="list-style-type: none"> <li>Affidavit required when domestic partners apply for coverage <ul style="list-style-type: none"> <li>Form must be signed and dated by policyholder and domestic partner</li> <li>Form must be notarized</li> </ul> </li> </ul>



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**800 264.4000**

**[www.aetnaseniorproducts.com](http://www.aetnaseniorproducts.com)**

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