



VALUE HEALTH & VALUE HOSPITAL PLANS AGENT UNDERWRITING GUIDELINES

1. **ISSUE DATE:** If money is received with business by the 10th, the effective date will be the 15th and if it is received between the 11th and the 25th, it will be effective the 1st of the following month. If no money is received, we must receive the app by the 5th for an effective date of the 15th or by the 20th for an effective date of the 1st.
2. **MONIES COLLECTED:** Make checks payable to GEM Administrators. Applicants can pay by Monthly Bank Draft, Semi-Annual, Annual or Monthly List Bill (for groups of 2 or more). Make sure the applicant is aware that their account will be drafted immediately if they did not submit money and will draft thereafter (after issuance) approximately 15 days prior to the due date.
3. **ORIGINAL APPLICATION(S) ARE PREFERRED:** We do accept **legible** fax/photo copies. If not legible, issue is delayed pending receipt of the original.
4. **MUST INCLUDE THESE SIGNED FORMS: HIPAA Authorization, VBA Membership Enrollment, Consumer Form, Automatic Monthly Bank Draft (and voided check).**
5. **CONTACT INFORMATION:** Most correspondence regarding application is sent to the agent via email, phone or US Mail. We may be required to contact the applicant so always include the applicant's email address, if available, and the phone number.
6. **LIST BILL:** No group participation and a minimum of 2 or more employees must apply. The 1st month's premium and fees must be paid to issue on a List Bill. Please use the GEM Administrators List Bill Form. **(Call for special UW consideration for groups of 5 or more).**
7. **COMMISSION PAYMENT:** New business will be paid weekly upon issue and renewals on or about the 20th of each month.
8. **CHANGES AND CANCELLATIONS:** Any changes, including cancellations (administrative fees are non-refundable) must be in writing and sent to: GEM Administrators - 919 N 1st St - Phoenix, AZ 85004. Phone (800) 756-4906.
9. **FULFILLMENT:** All fulfillment information, Certificate of Insurance and ID cards will be mailed directly to your client.
10. **CHILD ONLY COVERAGE:** When applying for child only coverage, you must charge the "19 year old adult rate" for the oldest child, then charge the child rate for younger dependent children in the same family (children are considered dependents if under 19 or age 25 and a full time student). If you are writing one child only, you must charge the "19 year old adult rate". Complete the Enrollment Form with the **parent listed as the "Name of Member/Applicant"**. **Write in after the parent's name, "Not To Be Covered"**. Complete all other sections of the application as normal.
11. **COVERAGE REPLACEMENT:** The applicant must list the reason coverage is being replaced.

FEMALE			MALE		
Height	Min Weight	Max Weight	Height	Min Weight	Max Weight
4'8"	77	212	5'0"	91	234
4'9"	78	216	5'1"	93	237
4'10"	79	220	5'2"	95	243
4'11"	81	224	5'3"	98	247
5'0"	83	229	5'4"	101	256
5'1"	85	238	5'5"	103	262
5'2"	87	243	5'6"	106	270
5'3"	89	244	5'7"	109	276
5'4"	91	250	5'8"	112	286
5'5"	93	256	5'9"	115	296
5'6"	96	262	5'10"	118	299
5'7"	98	268	5'11"	121	308
5'8"	101	274	6'0"	124	312
5'9"	104	287	6'1"	127	323
5'10"	107	288	6'2"	131	328
5'11"	110	296	6'3"	134	339
6'0"	114	305	6'4"	138	360
6'1"	117	314	6'5"	142	385
6'2"	120	323	6'6"	146	409
			6'7"	150	418
			6'8"	154	427

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Field Underwriting Guide for Medical Condition Acceptance or Rejection

1. Application only applies to the past 2 years
2. Applicant who has a condition that is degenerative in nature may not be accepted.
3. Applicant who has been advised to have hospitalization or surgery and has not done so will be rejected.
4. Unlisted conditions should be referred to underwriting.
5. To qualify for coverage, All Applicant's Pre-Existing Conditions must be controlled.

Disease or Condition	Std/Reject	Disease or Condition	Std/Reject
Addison's Disease	Reject	Carpal Tunnel Syndrome (over 1 year)	Std
Adenocarcinoma (treatment free 2 years)	Std	Cataract (operated)	Std
Adenoids (over 1 year)	Std	Cerebral Palsy	Reject
Adhesions	Std	Cerebro-vascular Disease or disorder	Reject
Alcoholism	Reject	Chronic Obstructive Lung Disease	Reject
Alzheimer's Disease	Reject	Cleft Palate, Harelip (operated 1 year)	Std
Amputation, due to trauma (over 2 years)	Std	Club Foot (unoperated)	Reject
Amputation, due to disease	Reject	Colitis, non-ulcerated & controlled (2 years)	Std
Amyotrophic Lateral Sclerosis	Reject	Colostomy	Reject
Anal Fissure or Fistula (corrected)	Std	Congestive Heart Failure (controlled 2 years)	Std
Anal Polyp or Rectal Polyp (corrected)	Std	Convulsions (within 2 years)	Reject
Anemia, Sickle Cell, Aplastic	Reject	Corneal Transplant or Ulcer (operated)	Std
Aneurysm (2 Years)	Std	Coronary Artery Disease (uncontrolled)	Reject
Angina Pectoris (2 Years)	Std	Crohn's Disease	Reject
Arteriosclerosis, Atherosclerosis (over 2 Years)	Std	Cushing's Disease or Syndrome	Reject
Arteriosclerotic Heart Disease (2 Years)	Std	Cystitis	Std
Arteriosclerosis Obliterans	Reject	Cystic Fibrosis, benign	Reject
Arthritis or Rheumatism (controlled)	Std	Deafness	Std
Arthritis, severe or crippling	Reject	Detached Retina (operated)	Std
Asthma, Allergies (not hospitalized)	Std	Diabetes (diet or pill controlled)	Std
Back Sprain, Strain (one time)	Std	Diabetes (insulin controlled)	Std
Bladder Stones - Urinary (corrected)	Std	Diabetic Neuropathy (uncontrolled)	Reject
Blood Pressure, high (controlled - not hospitalized)	Std	D & C (Dialation & Curettage)	Std
Blood Pressure, high (hospitalized)	Reject	Disc, Cervical, Dorsal, Lumbar or Sacroiliac (over 2 years)	Std
Brain Syndrome, chronic	Reject	Diverticulitis, Diverticulosis (controlled 4 years)	Std
Brain Tumor	Reject	Down's Syndrome	Reject
Breast Implants	Std	Drug Abuse	Reject
Breast Tumor, benign (operated - over 2 years)	Std	Ear Disorder, Labyrinthitis, Otitis Media, Menieres Disease (full recovery)	Std
Bright's Disease or chronic Nephritis	Reject	Eczema	Std
Bronchitis, chronic	Reject	Edema	Std
Bronchitis (not hospitalized)	Std	Emphysema (no oxygen & not hospitalized controlled at least 2 years)	Std
Bunions	Std	Encephalitis	Std
Bypass of Intestines or stapling for weight control (over 2 years)	Std	Endometriosis or Endometritis (controlled)	Std
Cancer, Skin, not melanoma or invasive (1 year)	Std	Epilepsy, petit mal (no seizures 1 year)	Std
Cancer, other than skin (no treatment, 2 years)	Std	Epilepsy, grand mal	Reject
Carcinoma in situ (2 years)	Std		
Cardio-Renal Disease	Reject		

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Disease or Condition	Std/Reject	Disease or Condition	Std/Reject
Esophagus Stricture or Esophagitis	Std	Myasthenia Gravis	Reject
Female Disorders (corrected)	Std	Narcolepsy (controlled)	Std
Fibrocystic Breast Disease or Mastitis (controlled 1 year)	Std	Nasal Polyps (corrected)	Std
Fibroid Tumor (operated 1 year)	Std	Nephritis or Nephrosis (controlled 2 years)	Std
Fractures (no pins or plates)	Std	Nervous Mental Disorders, if hospitalized, institutionalized or disabled in last 2 years)	Reject
Fractures (requiring pins, plates, wires, nail or screw - 1 year)	Std	Orchitis	Std
Gall Bladder Disease, Gallstones (operated)	Std	Organ Transplant (other than cornea)	Reject
Gastrectomy (1 year)	Std	Osteoarthritis (controlled 2 years)	Std
Genito-urinary disorders (corrected)	Std	Osteomyelitis (controlled 2 years)	Std
Glaucoma (operated)	Std	Osteoporosis (controlled 2 years)	Std
Goiter (operated)	Std	Paget's Disease	Reject
Gout, Gouty Arthritis (controlled)	Std	Pancreatitis - single episode (1 year)	Std
Headaches, migraine	Std	Pancreatitis - multiple episodes	Reject
Heart Attack, disease or disorder (over 2 years)	Std	Paraplegia	Reject
Heart Pacemaker	Reject	Parkinson's Disease	Reject
Heart Surgery (full recovery - over 2 years)	Std	Peptic Ulcer (operated)	Std
Hemangioma	Std	Peritonitis (controlled)	Std
Hemophilia	Reject	Pernicious Anemia (controlled 1 year)	Std
Hemorrhoids (operated)	Std	Pneumonia (1 time)	Std
Hepatitis (Types A & B - no complications 2 years)	Std	Polyp (operated)	Std
Hepatitis (Type C)	Reject	Prostate disorder, benign (corrected)	Std
Hernia (operated)	Std	Psoriasis	Std
Hip Replacement (over 1 year)	Std	Pulmonary Fibrosis (controlled 2 years)	Std
Hodgkin's Disease (no treatment 2 years)	Std	Quadriplegia	Reject
Huntington's Chorea	Reject	Raynaud's Disease/Phenomena	Reject
Hydrocephalus	Reject	Rectal Abscess (corrected 1 year)	Std
Hydronephrosis	Reject	Sciatica (controlled 1 year)	Std
Hyperglycemia (controlled 2 years)	Std	Scoliosis (controlled 1 year)	Std
Hypoglycemia (controlled 2 years)	Std	Septum, Deviated (corrected)	Std
Intestinal Obstruction (corrected)	Std	Shingles (controlled 1 year)	Std
Kidney Failure	Reject	Sinusitis, chronic (controlled)	Std
Kidney Infection acute (corrected 1 year)	Std	Spina Bifida	Reject
Kidney Removal (within 2 years)	Reject	Spine, degenerative disease	Reject
Kidney Stones or Colic (corrected)	Std	Stasis Ulcer (operated)	Std
Knee Replacement (1 year)	Std	Stroke (controlled over 2 years)	Std
Leukemia (if treated in past 2 years)	Reject	Tendinitis (corrected)	Std
Liver Disease, enlarged, cirrhosis	Reject	Thrombosis (controlled 2 years)	Std
Lung Disease - silicosis, anthracosis (1 year)	Reject	Thyroid Disease (controlled)	Std
Lupus, disseminated - systemic	Reject	Tonsillitis	Std
Lupus, discoid (within 2 years)	Reject	Tumor, non-malignant (operated)	Std
Mastectomy, benign (1 year)	Std	Ulcer, stomach, peptic and/or duodenal (operated)	Std
Mastitis, cystic, benign (1 year)	Std	Ulcerative Colitis	Reject
Meningitis (over 2 years)	Std	Urinary Tract disorders (controlled)	Std
Menopause Syndrome (over 2 years)	Std	Valve Replacement (Heart)	Reject
Mental Retardation	Reject	Varicose Veins, Varicose Ulcer or phlebitis (operated)	Std
Mononucleosis (recovered)	Std	Wheelchair or walker required for movement	Reject
Multiple Sclerosis	Reject		
Muscular Dystrophy	Reject		