



VALUE MED PLAN AGENT GUIDELINES

United National Life Insurance Company of America (In AR, ID, IL, MO, NE, NV, NM, ND, OK, SD, TX, UT & WV)
 Underwritten by Guarantee Trust Life Insurance Company (In all other approved states)

1. **ISSUE DATE:** Business is issued on the date approved in underwriting by the carrier (usually in 10 days). You can request a later effective date with a note attached to the application. If no money is received the carrier may need up to 15 days.
2. **MONIES COLLECTED:** Make checks payable to the insurance company. Applicants can pay by Monthly Bank Draft, Semi-Annual, Annual or Monthly List Bill. Make sure the applicant is aware that their account will be drafted immediately if they did not submit money and thereafter (after issuance) approximately 15 days prior to the due date. The insurance company processes the monthly collections for individuals on the Value Med. (List bill instruction are in #6 below).
3. **ORIGINAL APPLICATION(S) ARE PREFERRED:** We do accept legible fax/photo copies. If not legible, issue is delayed for the original.
4. **MUST INCLUDE THESE SIGNED FORMS:** HIPAA Authorization, VBA membership enrollment and an Automatic Monthly Bank Draft (and voided check).
5. **CONTACT INFORMATION:** Most correspondence regarding application is sent to the agent via email, phone or mail. We may be required to call on the customer, so always include the email address, if available and the phone number.
6. **LIST BILL:** No group participation and a minimum of 5 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. If sold along with the Value Health/Hospital Plans the check should be payable to GEM Administrators. If only the Value Med is sold, the check should be payable to either GTL / UNL.
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 must be in writing and sent to GAC or the insurance carrier.
9. **FULFILLMENT:** All fulfillment information, Certificate of Insurance and ID cards will be mailed directly to your client.
10. **CHILD COVERAGE:** Children under age 18 are not covered. If age 18, they need to apply separately on their own application. We are waiting for state approval on a rider the insurance company filed, allowing child coverage to be added.
11. **COVERAGE REPLACEMENT:** GTL/UNL requires a signed Replacement Form in the states of: AR, CO, DE, FL, IA, ID, IL, KY, MA, NH, OK, PA, SC, TX, UT, VA, VT, WI & WV. Also list the reason coverage is being replaced.
12. **OUTLINE OF COVERAGE:** Some states have an outline of coverage form: AR, ID, ME, MT, NH, OK, OR, SC, UT, VT & WV

UNDERWRITING GUIDELINES

The applicant and spouse height and weight must be within the guidelines listed on the chart.

APPLICATION QUESTION 1:

If "Yes" answer provide details. If the hospitalization or other confinement was due to a fracture or minor surgery (gall bladder, appendix or child birth) the applicant can qualify. If for a major surgery, or hospitalizations or other confinements due to a major illness or sickness, the applicant will not be eligible for the plan.

APPLICATION QUESTIONS 2 & 3:

If "Yes" is answered for either question, the applicant will not be eligible for the coverage.

THERE ARE NO RATE UPS AND NO ELIMINATIONS!

Underwriting decisions are made based on the information disclosed on the application for insurance. Any false or incomplete information listed on the application can result in a rescission within the first 2 years of coverage.

PRE-EXISTING CONDITION LIMITATION:

Pre-existing conditions are those medical conditions disclosed or not disclosed on the application which were diagnosed or for which medical advice or treatment was recommended or received from a Doctor within a 12 month period (6 months in ID) immediately preceding the Effective Date of a Covered Person's coverage. Any loss due to a pre-existing condition is not covered unless the loss begins more than 12 months after the Effective Date of a Covered Person's coverage.

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

Questions or Supplies: Call General Agent Center

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