

## **Renaissance Medicare Supplements**

Main Phone: 844-202-4150

Main Fax: 888-433-4795

New Business Address:

P.O. Box 27248

Salt Lake City, UT 84127-0248

Website: [www.renaissancefamily.com/medsup](http://www.renaissancefamily.com/medsup)

**Rating:** A by Am Best

**Owned By:** Underwritten by Renaissance Life & Health Insurance Company of America

**Established:** 1957

**Location:** Indianapolis, IN

**Plans Offered:** A,F,G,N

**Can Agent Write Before Appointed:** No (In Welcome letter it states must be appointed to write business)

**Height/Weight Chart:** Yes On pg 12 UW

**Policy Fee:** 25.00

**Telephone Interview:** Yes (Random telephone interviews with applicants will be conducted on underwritten cases)

**Rate Based On:** Age on Application Date (exact age as of the application date; this will be your base monthly premium UW pg 10)

**Spousal Discount:** Yes (12% The applicant must be living with at least one, but no more than three other residents who are age 50 or older and: - have continuously resided with the applicant for the past 12 months or to whom the applicant is married or in a civil union partnership; OR - has an existing Medicare Supplement policy or is applying for a Medicare Supplement policy with Renaissance Life & Health Insurance Company of America. • Some states have different eligibility rules to qualify for a Household Discount.)

**Rate Guarantee:** Yes Pg 16 UW

**Application Submission Options:** Mail,Fax

**When can you write Open Enrollment:** six months prior to the month the applicant turns age 65

**When can you write Guarantee Issue:** three months prior to the requested effective date of coverage.

**When can you write Replacements:** Up to 60 days prior to the requested coverage effective date

**Initial Draft Date:** first premium is billed when the policy is issued Pg 14 UW

**Renewal Draft Date:** If the client wishes to have the initial premium drafted on a certain date, please indicate this in the Billing Information section of the application.

**Effective dates can be:** effective, or draft date cannot be on the 29th, 30th or 31st of the month.

### **Payment Options**

Direct Bill: Annual, Semiannual, Quarterly

EFT: Annual, Semiannual, Quarterly, Monthly

### **How are commissions paid**

**Underwriting Notations:** End stage renal disease - Answer for all applications.

Heart: 2 yr look back

Cancer: 2 yr look back

Arthritis: 2 yr look back

Diabetes: less than 50 units of insulin daily or no more than two oral medications for diabetes, and no more than two medications for hypertension

COPD: Have you ever

Underage Disability: Open enrollment only

Tobacco: Tobacco use - Answer this question for all underwritten applications. Do not answer this question

when applying for Open Enrollment or Guarantee Issue if applying in Arkansas, California, Colorado,

Hawaii, Iowa, Illinois, Kentucky, Louisiana, Maryland, Michigan, Missouri, New Jersey, New York,

North Carolina, North Dakota, Ohio, Pennsylvania, Tennessee, Utah, Virginia, Washington and Wisconsin.

**Other Products Offered:** Dental

Vision