

Medicare Supplement Enrollment Tool

Use this tool to determine if your client is eligible for a guaranteed issue Medicare Supplement plan. If the qualifications below aren't met, the applicant must complete health questions included in the application. Their application will also require underwriting. **Applicants must meet all three qualifications from Section A, AND at least one of the qualifications in Section B.**

Members who are moving from Medicare Advantage and are new to Medicare Supplement must disenroll in their Medicare Advantage plan before their Medicare Supplement plan will be effective. Members will receive a form in their welcome kit that allows them to confirm that their Medicare Advantage coverage has been terminated.

	Qualification	Required Verification or Documentation
Section A Applicants must meet all three qualifications	<input type="checkbox"/> Applicant is 65 or older	No verification or documentation is needed.
	<input type="checkbox"/> Applicant is a Washington resident	
	<input type="checkbox"/> Applicant does not have end-stage renal disease (ESRD)	
Section B Applicants must meet at least one qualification	Qualification	Required Verification or Documentation*
	The applicant is in their initial enrollment period.	<input type="checkbox"/> Applicant will be 65 within the month of their requested effective date <input type="checkbox"/> Applicant is 65 or older and their initial enrollment in Medicare Part B was within the last six months
	The applicant has an existing Medicare Supplement Plan other than Plan A (with no more than a 63-day break in coverage).	<input type="checkbox"/> Termination of coverage letter <input type="checkbox"/> Certificate of coverage and proof of payment to the applicant's previous carrier cancelled within the last 90 days** <input type="checkbox"/> Copy of insurance card and proof of payment for the plan the applicant had in the last 63 days**
	The applicant had more comprehensive coverage with individual, employer-sponsored, or group-sponsored plan (Medicare Advantage is not considered more comprehensive coverage).	<input type="checkbox"/> Termination of coverage letter <input type="checkbox"/> Certificate of coverage and proof of payment to the applicant's previous carrier** <input type="checkbox"/> Copy of insurance card and proof of payment for the plan the applicant had in the last 63 days**

*Please provide copies of required documentation when you submit the application.

**Examples include: A bank statement, billing statement, or payment check that was cancelled within the last 90 days.

<p>Section B (continued)</p> <p>Applicants must meet at least one qualification</p>	<p>The applicant qualifies for a Special Enrollment Period because the applicants Medicare Advantage plan, Medicare Select plan or Program of All-Inclusive Care for the Elderly (PACE) terminated or is no longer providing service in the applicant's area or the applicant moved out of the area.</p>	<p>If the applicant's previous carrier terminated or discontinued their plan:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Letter from the prior carrier that contains reason for discontinuation/termination and the term date. <p>If the applicant moved out of their previous carrier's service area:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Utility bill from previous address. <input type="checkbox"/> Termination letter from prior carrier showing termination date.
	<p>The applicant qualifies for a Special Enrollment Period because their Medicare Supplement, Medicare Advantage or PACE insurer violated a material provision of the policy or the producer materially misrepresented the plan's provisions in marketing the plan.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Letter from their prior carrier showing termination date.
	<p>The applicant qualifies for a Special Enrollment Period because the member joined a Medicare Advantage plan in their first year with Medicare and would like to switch to a Medicare Supplement plan.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Letter from their prior carrier showing termination date.

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