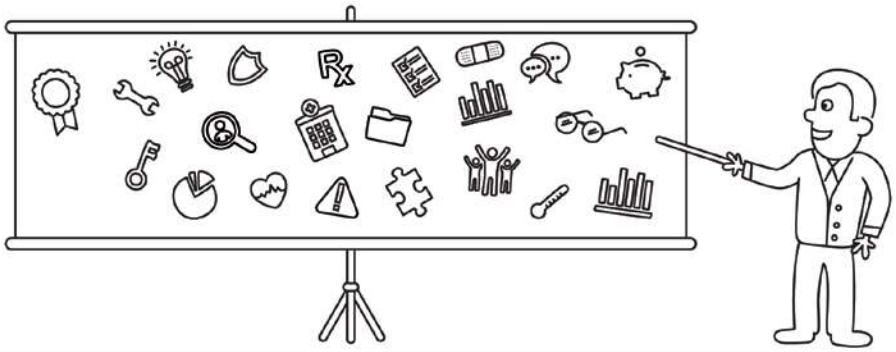

Draw on our experience.

Medical Underwriting FAQs

1. **What is Medical Underwriting?**
   As it pertains to Life and Disability insurance, Medical Underwriting includes the process of analyzing and determining the degree of risk represented by a proposed insured. This includes reviewing confidential medical reports, comparing them against underwriting guidelines and making sound underwriting decisions based on those criteria.

2. **What Does Guaranteed Issue (GI) Coverage Mean?**
   The guaranteed issue amount is the maximum amount of insurance that may be purchased without having to provide evidence of good health, otherwise known as Evidence of Insurability (EOI). This amount should be issued immediately. If you are a new employee, this is offered within 31 days of eligibility or during an approved enrollment period.

3. **What Applicants require Medical Underwriting?**
   Applicants who are late enrollers (outside an open enrollment period or after 31 days following eligibility); request more than the guaranteed issue (GI) amount; or increase existing coverage require medical underwriting. In these situations, the employer should immediately forward the application to Reliance Standard to determine if the requested coverage will be approved.

   Any applicants that fall within guaranteed issue guidelines should not be forwarded to Reliance Standard. These applications should be maintained by the employer and payroll deductions should commence in line with the requested coverage amount.

4. **What is an Omission?**
   An omission is critical information that is missing from the application. This is the most common cause of delays; the medical underwriting process will be suspended until this information is provided.
   Examples of common employee omissions are:
   - Response to Actively at Work question
   - Date of Hire
   - Salary
   - Coverage Amount
   - Height and Weight
   - Missing Signatures and Dates
   - Incomplete Medical Questions (diagnosis, date, treating physician)

5. How will the Applicant be informed?

All communications regarding applicant omissions and requests for information will be made to the applicant through DocuSign.

Notification of approvals and declinations will be in letter format.

6. What is a Medical Underwriting EOI report?

This report is designed to provide our customers with the status, coverage amount and approved date of coverage so they can effectively manage payroll deductions. The report also indicates those coverage requests that are closed or currently pending. No payroll deductions should be taken until an "approved" status is shown on the Medical Underwriting EOI report.

7. Why is an Application Pending or Closed?

Common reasons for a pending status include: outstanding medical requests, non-response from the applicant, and evaluation by Medical Underwriting.

Common reasons for a closed status include: non response from an applicant after 60 days from the first request, denial of coverage after underwriting review, and voluntary withdrawal from the process by the applicant.

Due to our privacy policy, we are not able to provide the employer with additional details regarding the type of medical requirements ordered and a reason for closure or denial.

8. What is an Attending Physician's Statement (APS)?

An attending physician's statement (APS) is a request for medical records from the applicant's primary care physician, treating specialist or medical facility.

The basic component of an APS request is a letter from Reliance Standard sent to the Physician/Medical Facility along with an authorization.

9. When is Coverage effective?

Coverage is effective based on the individual effective date provision contained within the group policy. The effective date can be one of two; "The Date approved" or "First of the month following approval."

10. What Protects my Employees' Personal Information?

Several state and federal laws and regulations govern how insurance companies must handle personal information about individuals who are applying for or covered by insurance. These include the Insurance Information and Privacy Protection Model Act, adopted by the National Association of Insurance Commissioners over 20 years ago and subsequently enacted in many states. They also include the Privacy of Consumer Financial and Health Information Model Regulation, adopted by the NAIC in 2000 in response to the federal law known as Gramm-Leach-Bliley ("GLB"); the requirements of this regulation are in place in all states. These laws and regulations require that insurance companies maintain the confidentiality of personal health and financial information about applicants and insureds. Insurers are prohibited from disclosing this information to third parties without the authorization of the applicant or insured except in very limited circumstances which are set forth in the laws.

The federal law known as the Health Insurance Portability and Accountability Act ("HIPAA") addresses confidentiality of personal information in connection with medical insurance plans but does not apply to life, accident and disability products.