6. CONNECTICARE SOLO APPLICATION PROCESS

Eligibility Requirements

Individuals may apply for ConnectiCare SOLO if they are:

- Legal residents of Connecticut
- Between 19 and 64 years of age
- Not enrolled in Medicare
- Single or married; or belong to a civil union/ domestic partnership**
- Dependent spouses, civil union/domestic partners*, or dependent children age 26 who are not covered under a group health plan.

Please note: Dependents under age 19 must enroll within 31 days of a qualifying event or during our Open Enrollment.* Only the dependent(s) experiencing a qualifying event can enroll. Examples of a qualifying event include:

- Birth of a natural child
- Adopting a child
- Adding step-children due to marriage
- Losing previous health care coverage

Note: Please see page 128 reguarding new mandate for newborns, adopted children and step-children.

Spouses and dependents age 19 and over can apply anytime and are subject to medical underwriting.

Note: Persons under age 19 may not apply for coverage as a subscriber.

Special exemption: For those individuals with policies issued March 1, 2010, or prior, ConnectiCare will allow the policyholder to add a dependent, regardless of age, anytime, and we will medically underwrite each case and accept or deny the dependent.

* A Special Open Enrollment period will take place during August for September 1st, effective dates.

** Domestic Partners must submit Domestic Partner Verification Form or other satisfactory certification as we determine. CAUTION: Domestic partners are not recognized by the IRS as legal dependents for HSA funding. Clients should check with their tax advisor before establishing an HSA.

Connecticut Residency

Please make sure **each** family member applying for coverage meets all of the following eligibility requirements BEFORE submitting an Individual Application and Individual Health Statement.

The applicant and dependents must be legal residents of Connecticut. If residency is questionable, proof of residency will be required. To demonstrate proof of residency, at least **three** of the following items must show the applicant's name and current address:

1) Connecticut State Income Tax Return filed within the last 12 months
2) Current Connecticut voter registration card
3) Current lease agreement or mortgage document
4) Most recent utility bill
5) Current Connecticut driver's license
6) Connecticut DMV identification card
7) County or city property tax return filed within the last 12 months

Steps to Apply (Online)

With our new online capability your clients can now obtain a quote and apply online. Be sure your clients go to connecticare.com to do so and remind them to select you from the agent list.

Online application has these important advantages:

- It expedites the process because the Individual Application Packet (Parts 1-3) goes directly to our underwriting department.
- It helps to prevent your client from leaving out necessary information on the Individual Application Packet.

- It helps the environment by using less paper.
- No postage required.
- No mail delays or lost mail.

Once you have identified a candidate for online enrollment, you'll be able to generate an automatic, pre-formatted e-mail invitation using a tool located at "SOLO Quote/Invitation" on the secure producer section of **www.connecticare.com**. Customized with your contact information and whichever plan option(s) you select, the invitation provides your prospect with details about the online enrollment process. Plus, you and your prospect will be able to check online for an updated status of the application throughout the underwriting process.

Steps To Apply (Paper)

APPLICANTS MUST:

1) **Complete, sign and date the Individual Application/ Change Form – PART 1 – no more than 60 days prior to the requested effective date.** Be sure to:

   a. Check the box for the medical and dental plan being selected.

   b. Check the boxes for the pharmacy co-pay and pharmacy annual maximum that are being selected (does not apply to HDHP plans).

   c. Select a Primary Care Physician (PCP) for each family member applying for coverage and write the PCP name and PCP number in the appropriate box. For a complete list of participating providers, go to "Find a Doctor" at www.connecticare.com or see our print directory. To request a copy, contact Member Services at 1-800-251-7722.

2) **Accurately and completely answer** all questions on the Individual Health Statement – **PART 2** – for each family member applying for coverage. **If the applicant knowingly provides false information and/or omits information on the application or health statement and such information submitted or omitted materially affects the risk assumed by ConnectiCare, ConnectiCare will seek to have the policy rescinded.**

3) Complete, sign and date the Underwriting Authorization Form – **PART 3**.

4) For dependents under age 18, the application must have a parent/guardian's signature and date – and the parent/guardian's full name must be printed on the application. Dependents age 18 and over must sign and date the application themselves.

Note: Persons under age 19 may not apply for coverage as a subscriber.

5) All completed forms must be signed, dated and received at ConnectiCare by the last day of the month for an effective date on the 1st of the next month. (i.e. A complete application received by January 31st would be eligible for a February 1st effective date. A complete application received on February 1st would be eligible for a March 1st effective date.)

Steps To Apply (Online or Paper)

6) Applicants do not have to submit their first premium payment with the application. However, once applicants are approved, all premiums from the date of approval back to the effective date are due by the first of the month following the date of their approval letter. This could mean that applicants could owe us more than one month of premium and owe the premium quickly. Also, if there is a retro effective date, these members may get a past due notification. All premiums not received by the first of the month for the month of coverage are considered past due. This applies to all premium payment methods – check, Electric Funds Transfer (EFT) and credit card.

7) If the EFT option is chosen for premium payment, the applicant should complete, sign and date the Electronic Funds Transfer Form – FORM 4. Be sure to include a check marked "void." Please see the additional information about Electronic Funds Transfer (EFT) on the next page.

8) If applicable, complete the Domestic Partner Verification Form or other satisfactory certification as we determine.

9.) The earliest effective dates for coverage are the first of the month following the date we receive the complete application.

10.) Final rates are subject to change based on ConnectiCare's underwriting guidelines, your client's medical history including age, gender, ZIP code, effective date of coverage, and state and federal regulations.

What if the last day of the month falls on a weekend or a holiday?

Online applications – must be submitted to ConnectiCare by midnight on the last day of the month, regardless of whether it's a weekend or a holiday.

Paper applications – must be received at ConnectiCare by the last business day before the weekend or holiday.

Forms should be mailed to:

ConnectiCare
P.O. Box 4058
Farmington, CT 06034-4058

Or, forms may be faxed to **860-678-5274**.

With respect to applicants age 19 and over, approval for an individual health policy is based on the applicant meeting the eligibility requirements and underwriting criteria, and on our review of the Individual Health Statement(s) and any additional medical and/or pharmacy information that we request and receive.

To obtain copies of the application forms:

- Go to the producer section of www.connecticare.com, where you can download and print them; or
- Contact your ConnectiCare Broker Sales & Service Representative; or
- Call 1-800-723-2986.

11) Incomplete applications may be returned to the producer. If that happens, the application will need to be resubmitted to ConnectiCare with all information filled in and all questions answered. The effective date will be determined based on the date that this completed application is received. Connecticut regulations prohibit anyone other than an applicant from editing, adding or deleting any information after the application has been signed by the applicant.

The earliest effective date will be determined based on the date that this completed application is received.

How Can I Expedite the Application Process?

- Submit the Individual Application Packet (Parts 1-3) using the online application process rather than the mail. When you use the online application process, the forms go directly to our underwriting department.

- Double-check paper forms before you submit them to ConnectiCare to make sure that every questions is answered completely and accurately, and that all information is filled in.

EFT Instructions and Guidelines

When it comes to Electronic Funds Transfer (EFT) for premium payments, applicants have two options from which to choose:

1) They can sign-up for EFT along with their initial application. All they have to do is complete the EFT form and attach a voided check or statement savings deposit slip with their application. Applicants should complete, sign and date the Electronic Funds Transfer Form – **FORM 4. Applicants should be sure to include a check marked "Void".** Once an applicant is approved as a ConnectiCare SOLO member, all premiums from the date of approval back to the effective date are due by the first of the month following the date of the approval letter. This could mean that the individual may owe us more than one month of premium.

2) The process for new ConnectiCare SOLO applicants is as follows:

   a. ConnectiCare SOLO application is submitted along with EFT form and application is approved.

   b. Effective date of policy and EFT is established.

   c. ConnectiCare sends "Pre-Note" file to the bank to confirm that the bank routing number and checking account numbers are correct.

   d. Member is mailed letter confirming start date of EFT. Example: If ConnectiCare were to receive an application and an EFT form on October 28th, and the policy was approved in November with an effective date of November 1st. The effective date of the EFT would be November 1st.

Note: *For new ConnectiCare SOLO applications, the EFT process is not started or initiated until the policy has been approved.*

3) Applicants can wait to sign up for EFT until they are accepted by and enrolled in ConnectiCare SOLO. All they need to do is sign the front of the first invoice voucher and return it with their premium payment. For future payment drafts, we will use the checking account number that appears on the check the applicant submits for the initial premium payment. This way the applicant does not need to submit a separate form when enrolling in EFT.

4) The process for current policyholders is as follows:

   a. Member signs the front of the invoice stub and mails invoice stub along with premium payment to ConnectiCare.

   b. ConnectiCare sends "Pre-Note" file to the bank to confirm that the bank routing number and checking account numbers are correct.

   c. Effective date of EFT is established.

   d. Member is mailed letter confirming start date of EFT. Example: If on October 28th ConnectiCare were to receive the signed invoice stub authorizing EFT, the November invoice would still be mailed, and the member would have to pay by check. The effective date of the EFT would not be earlier than December 1st.

When determining the effective date of EFT, please be aware that ConnectiCare SOLO members still may receive their monthly premium invoice in the mail for a short period of time. Members will need to continue to pay by check or credit card until EFT goes into effect. This is because several steps are involved in implementing EFT.

Monthly EFT Process:

- Transactions take place on the 1st of every month unless the 1st falls on a weekend. In that case the money will be drawn on the first banking day of the month.

- Funds will be reflected in ConnectiCare's system one day later.
- Funds will be reflected on the producer and member Web sites two days after money is withdrawn from the account.
- When there is a failed transaction, the following will occur:

– The money is removed from ConnectiCare's system.

– A letter is mailed to the account holder explaining the returned EFT transaction.

– A $35 fee will be assessed.

– The EFT transaction will be reattempted on the 15th of the current month.

If the transaction also fails on the 15th, the EFT account will be automatically terminated. A letter will be sent to the account holder explaining the reason for EFT termination, and that future payments will need to be made by check or credit card. Outstanding premiums will need to be paid by check before the 10th of the next month. If payment is not received by this date, the policy will be canceled. The policyholder will have to wait 12 months to re-apply.

Voluntary Termination of EFT:

A written request from the account holder is necessary for the termination of an EFT account. The account holder should include the account number along with his or her name on the written request, and fax it to 860-678-5255, ATTN: Billing Department.

Or, written requests may be mailed to:
ConnectiCare, Inc. & Affiliates
Attn: Billing/EFT
175 Scott Swamp Road
Farmington, CT 06034-4050

- The request must be received before the 25th of the current month in order to be removed from the following month's EFT file.

If you have any questions, you may call ConnectiCare's Billing Department at 1-800-333-1733, Monday through Friday, 9:00 a.m. – 5:00 p.m., Eastern Time.

Tips for Completing Individual Application/Change Form (Paper)

PLEASE MAKE SURE:

1) All forms are completed in ink. Incomplete forms may be returned to the producer.

2) All questions have been answered completely by the applicant. Producers may not complete questions on behalf of the applicant.

3) All changes have been initialed and dated by the primary applicant. **Do not use correction fluid.** If the applicant adds information that was missing, he/she must re-sign and re-date the Individual Application/Change Form and the Individual Health Statement to verify that the added information is correct.

4) All applicable forms have been signed and dated by all applicants who are required to do so. **Do not date or sign for the applicant.**

5) Proof of legal guardianship (an appointment by the Probate Court) is included, if applicable.

6) If an EFT option is chosen for future payments, make sure the EFT form is completed and a voided bank check is included.

7) The medical plan and pharmacy plan have been selected on the Individual Application/ Change Form.

8) Any questions answered "yes" on the Individual Health Statement must be explained in detail for each family member noted. The detailed information should be included in the spaces provided under the "Health History" section of the Individual Health Statement. The Application and Health Statement may be sent in a sealed envelope.

Any attachments to the Individual Application/ Change Form and Individual Health Statement, including medical information, are signed and dated by the primary applicant or parent/ legal guardian.

10) Agent and agency name for commission payments are included.

11) The Producer must be licensed in Connecticut and appointed by ConnectiCare. If you are licensed but not appointed, please call our Broker Sales & Service Line at 1-800-723-2986.

Application Checklist — for Paper Submissions

(For online submissions, our system automatically checks to make sure all required items are completed. This is a key advantage of applying online.)

Required before underwriting:

Signed Application with following completed:

__ *Application Transaction Request Check Box*
__ *Applicant Name*
__ *Applicant Address*
__ *Selection of Medical and Dental Plan Choice and Rx rider*
__ *All Dependents' Names*
__ *All Dependents' Add/Delete*
__ *All Dependents' SSNs*

__ *All Dependents' Sex*
__ *All Dependents' DOBs*
__ *PCP – Name/Phone Number*
__ *"Other Insurance Box" checked*
__ *"Other Insurance Box" – if yes, insurance section completed*

Signature with date of each: Applicant/Spouse/ Domestic Partner and Dependent 18 or older

__ *Broker Information*

Health Statement:

__ *All questions must be answered.*
__ *Specific explanations for any "Yes" answers in the space provided under "Health History."*
__ *Supplemental Medical Questionnaires completed as appropriate. These should be submitted with the Individual Application/Change Form and Individual Health Statement to expedite application processing. To download and print a Supplemental Medical Questionnaire, go to the secure producer section of www.connecticare.com. Click "SOLO/ Individual Plans", then "Forms/Collateral". Click on "SOLO Individual Forms" then "Medical Questionnaires" to find the specific questionnaire you need.*

Underwriting Authorization Form:

__ *Signature w/ date of each Applicant/Spouse/ Domestic Partner and Dependent age 18 or older*
__ *All fields complete*

Other required documentation (if applicable):

__ *Domestic Partner Verification Form or other satisfactory certification as we determine*
__ *Disabled Dependent Form*
__ *Election of Electronic Funds Transfer Form*

Examples of Material Pend/Missing Information (which will cause unnecessary delay in application process):

__ *Any information that is missing from Parts 1, 2 or 3 of the Application Packet, including current height and weight on the Individual Health Statement.*

__ *Signature with date of all dependents age 18 or older*

__ *Underwriting authorization missing/not signed/ not dated*

__ *Questions on the Individual Health Statement that are left blank or unexplained.*

Important Guidelines for New Business

- Effective dates for coverage are the 1st of the month following underwriting approval.
- Deadline for complete applications is the last day of the month prior to effective date of coverage. The application must be signed and dated prior to the effective date.
- If coverage is terminated by ConnectiCare for non-payment, the individual cannot reapply for coverage for 12 months from the date of termination.
- Applicants will be notified in writing of the underwriting decision. (Producers will receive a copy of the notification. Note: if the underwriting decision is a denial or rate up, the reason(s) will not be included in the producer's copy to protect the privacy of the applicant's medical information.)
- The applicant is responsible for providing us with complete and accurate information on all forms, and must notify us immediately of any and all changes in health information, name, address and telephone number, and changes in PCP, while the application is pending approval.
- Underwriting may request for each applicant additional health information, if necessary. A medical records request and/or supplemental medical questionnaire will be mailed or e-mailed to the applicant's home address/e-mail address, with instructions for completion.
- If ConnectiCare requests a supplemental medical questionnaire and/or medical records, it is the applicant's responsibility to request/obtain that medical information from their physician and to pay for any costs the physician's office may charge to copy and send us those records.
- If additional information is requested and not received by us within 15 days, we will send a follow-up reminder to the applicant. If the information is not received within 45 days of the original request, the application will be considered incomplete and will be withdrawn.
- The applicant will be required to reapply and complete a new application packet.