



LifeShield

NATIONAL INSURANCE CO

Dental, Vision, Hearing Agent Underwriting Guide

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INTRODUCTION

This guide provides information about LifeShield National Insurance Company's Dental Insurance, Vision and Hearing Programs. Our goal is to process each application as quickly and efficiently as possible. To ensure we accomplish this goal, the producer or applicant will be contacted directly by underwriting if there are any issues with an application.

CONTACTS

Addresses for Mailing New Business and Delivery Receipts

Mailing Address Overnight/Express Address

LifeShield Administrative Office
5500 N Western Ave, Ste 200
Oklahoma City, OK 73118

Policyowner Services
PO Box 114574
Oklahoma City, OK 73113-0574

Premium Payment Address

LifeShield
PO Box 114574
Oklahoma City, OK 73113-0574

You can access your book of business, general and state specific forms along with online forms on your Agent portal at: www.lsnagentsportal.com

Important Phone & Fax Numbers

Area	Phone Numbers
Policyowner Service	844-649-1897
Policyowner Service Fax	405-285-4959
New Business/Underwriting	844-649-1898
New Business/Underwriting Fax	385-207-7882
Agency Services	833-808-0245
Claims	833-653-6338
Claims Fax	833-517-1852

Dental Insurance Plans

Dental health is a vital part of your overall well-being. LifeShield dental insurance plans give you choices to help cover the costs associated with maintaining your dental health.

- Consumer brochure available which has been filed and approved
- Find a dentist on LifeShield-DVH.com

Life Shield Dental Plan Benefits include:

- Guaranteed Issue
- Guaranteed Renewable
- Choice of \$1,000, \$2,000 or \$5,000 maximum annual benefit
- Preventive care from day one
- Choice of \$100 Flat Deductible or Vanishing Deductible
- Major Tier Waiting Period waived with evidence of prior credible coverage

Product Highlights

- Issue Age: 18-89
- Dental Deductible: Flat Deductible All Years \$100
- Vanishing Deductible Year 1: \$100, Year 2: \$50 Year 3+: \$0
- Deductible Applies to: Basic/Major
- Dental Annual Maximum Benefit: \$1,000/\$2,000/\$5,000
- PPO Network: Dental
- Dental Expense Covered Day One: X-Rays, Examinations, Cleanings, Filings, Extractions
- % Covered Per Year Preventive/Basic/Major
 - Year 1: 100/80/0,
 - Year 2+: 100/80/60
- Waiting Periods – *Waived with evidence of Prior Credible Coverage*
 - Preventative: None,
 - Dental Basic: None
 - Dental Major: 12 Months
- Dental Coverage Tiers
 - Preventive: Semi-Annual Exams, Cleanings and X-Rays
 - Basic: Filings, Non-Surgical Extractions, Periodontal Scaling and Cleaning
 - Major: Bridges, Crowns, Dentures, Implants, Surgical Extractions, Root Canals. and Periodontal Services
- Freedom to choose any provider, or better pricing if in-network.

Please review the Outline of coverage for limitations and exclusions. Does NOT cover orthodontia.

Vision & Hearing Programs

Caring for your vision and hearing is key to living a quality life. As we age, quality of life is more important than ever. A vision and hearing discount plan from LifeShield can help cover the costs of care such as eye exams, glasses, hearing aids and other services that may not be covered by Medicare. Live the quality life you choose with a LifeShield vision and hearing discount plan.

Product Highlights

- Issue Age: 18-89
- Vision Max Benefit: 80% Coinsurance, \$200 maximum per 2 years
- Hearing Max Benefit: 80% Coinsurance \$500 maximum per year
- Waiting Periods – *Waived with evidence of Prior Credible Coverage*
 - Vision: 6 Months
 - Hearing: 6 Months

Vision and Hearing benefits are Network Discount Reimbursements.

Coverage Effective Dates

Application date or up to 60 days from the application date or if replacing coverage, the date of termination of other coverage.

Multi-Policy Discount

If your applicant owns a LifeShield Medicare Supplement Policy they are entitled to a discount on their Dental, Vision, Hearing (DVH) policy. This discount is 10% for the DVH policy. The discount does not affect the Medicare Supplement policy. If the Medicare Supplement policy is terminated for any reason the discount is removed on the DVH policy.

Collection of Premium

Premiums are calculated based upon the applicant's exact age at the time of application, not their age as of the requested coverage effective date.

- If a mode other than monthly EFT is selected, then the full modal premium must be submitted with the application.
- Acceptable forms of payments include EFT, money orders, cashier's checks, counter checks, and personal checks. ***Third-party checks will NOT be accepted, and Third-party payors cannot obtain a money order or cashier's check on behalf of the applicant.***
NOTE: LifeShield does not accept post-dated checks or payments from any Third Parties, as premium for Dental, Vision, Hearing.
- EFT is the only allowable form of payment for the E-application process. A paper application should be used if applicant is paying with direct bill.

Collection of Premium *continued*

- **Direct Monthly is not an available payment option.**
- The applicant has the option of paying their premium by their Social Security Schedule as selected on the application.
- For monthly Bank Draft, the “Bank Draft Day” must be on the effective date. *If the draft date is other than the effective date, we will draft in advance with the applicants permission..*

Example: If a policy is issued on the 1st of the month with a request to draft on the 15th, *we will draft on the 15th of the preceding month; 15 days before the first renewal date. Bank Drafts can only be drawn on the 1st day of the month through the 28th.* The actual date we draw payment from the applicant’s account will be on or shortly after the chosen date, never before. Please include a voided check or a bank deposit slip (if available) with the application packet when selecting the Bank Draft option.

Business Checks

Business checks are only acceptable if they are submitted for the business owner or the owner’s spouse.

Premium Receipt and Notice of Information Practices

Leave the Premium Receipt and the Notice of Information Practices with the applicant. The Premium Receipt must be completed and provided to the applicant if premium is collected.

NOTE: Do not mail a copy of the receipt with the application.

Shortages

LifeShield will communicate with the agent by telephone, e-mail, or fax in the event of a premium shortage. The application will be held in pending until the balance of the premium is received. Agents may communicate with Underwriting by calling 844-649-1898 or by faxing 385-207-7882.

Refunds

LifeShield will make all refunds to the applicant in the event of an incomplete submission, overpayment, cancellations, etc.

General Administrative Rule – 12-Month Rate Guarantee

Our current administrative practice is to maintain rates for 12 months from the effective date of coverage.

Reinstatements

When a Dental Insurance policy or Vision and Hearing Programs has lapsed and it is ***within 60 days of the last paid to date***, coverage may be reinstated, based upon meeting the underwriting requirements. Upon reinstatement renewal commission rates will continue based on the policy's duration.

When a Dental Vision and Hearing Policy has lapsed and it is ***more than 60 days beyond the last paid to date***, the coverage cannot be reinstated. The client may, however, apply for new coverage. All underwriting requirements must be met before a new policy can be issued.

Replacements

A "replacement" takes place when an applicant terminates an existing Dental Insurance policy or Vision and Hearing Program and replaces it with a new Dental Insurance policy or Vision and Hearing Program. LifeShield requires a fully completed application when applying for a replacement policy (both internal and external replacements).

If an applicant has a Dental Insurance policy or Vision and Hearing Program issued by LifeShield within the last 60 days, any new applications will be considered a replacement application. All replacements involving a Dental Insurance policy or Vision and Hearing Program must include the completed ***Prior/Current Coverage Information*** section in the application. The replacement cannot be applied for on the exact same coverage and exact same company.

APPLICATION

Properly completed paper applications should be finalized within 4-7 days of receipt at LifeShields administrative office. The ideal turnaround time provided to the producer is 10-12 days, including mail time. Electronic applications should be processed within 48 hours. **Time service may vary during times of high volume.**

Application Sections

The application must be ***completed in its entirety***. Review applications for the following information before submitting.

Applicant Information

Complete in full:

- Full Name (as shown on his/her Driver's License)
- Date of Birth
- Age - Applicants age at time of application.
- Gender
- Social Security No.
- Address – Residential Address
- Mailing Address (if different than the residential address)
- Daytime Phone Number – required

Coverage Selection

Complete in full:

- Requested Effective Date
- Plan Applying for
- Deductible

Premium Discount Information

- Indicate if the applicant is eligible for the multi-product discount.
- If the applicant is eligible, provide existing LifeShield Medicare Supplement policy number.

Prior/Current Coverage Information

- Indicate if the applicant has prior or current dental, vision and/or hearing coverage
- If replacing current coverage, complete QUESTION 2.

Notice to Applicant Regarding Replacement of Insurance

- Complete this section only if the applicant is replacing an existing policy

Premium Payment & Administration

Complete in full:

Premium Mode – Select desired frequency of premium payments from one of the following:

- **Annual** (payment made every 12 months)
- **Semiannual** (every six months)
- **Quarterly** (every three months), or
- **Monthly EFT (Electronic Funds Transfer)** (every month), **monthly premium payments cannot be on direct bill**

If authorizing bank draft payments:

- Select the **Monthly EFT (Electronic Funds Transfer)** checkbox
- Provide the **\$ amount** to be drafted.
- Draft Initial Premium on – select the box and provide the date they want the initial premium drawn from their account. (Must be 1st – 28th) – The first draft will occur on the date the application is approved by the Company (unless specified otherwise)
- Check the **I authorize EFT Payments** box
- Select Bank draft Day (1st – 28th)
 - **If the draft date is other than the effective date, we will draft in advance with the applicant's permission.**
- Select the **Draft Upon Approval or Draft Upon Effective Date** box
- Premium Payment by Social Security Schedule – if the bank draft is to be drawn on the day they receive their SSA Benefit, select the appropriate schedule.
- Indicate if account is **Checking** or **Savings**
- Provide Bank Routing #, Bank Account #, Bank Name, Name(s) of Depositor(s)

EFT is the only allowable form of payment for the E-application process. A paper application should be used if applicant is paying with direct quarterly, semi-annual, or annual bill.

Agreement & Acknowledgement

- Applicant signs and dates application
- Digital (Electronic) Signature/Date – **The Producer is attesting to the fact they collected all information included in the web application (E-App) and the applicant consented to the use of his/her electronic signature when they type the applicant's name and their name on the signature line**

If someone other than the applicant is signing the application (i.e., Power of Attorney), please include copies of the papers appointing that person as the legal representative.

Explanation of Benefits Delivery Agreement & Acknowledgement

This section gives the applicant the option of selecting Yes or No if they wish to receive electronic delivery of all contractual, regulatory, and administrative correspondence regarding their policy, to include claim correspondence, Explanations of Benefits, periodic notices (such as privacy notices) and other correspondence to the e-mail provided on the application along with the necessary computer software and equipment required.

Producer Supplement

Representative/Producer(s) to complete information in this section, including:

- Did you meet with the Applicant in person?
- Did you complete this Application over the phone?
- State the name and relationship of another person present when this Application was taken.
- Did you review the Application for correctness and any omissions?
- Did the Applicant review the Application for correctness and any omissions?
- Are you related to the Proposed Insured? If yes, provide relationship.
- Listing of in force policies/certificates previously sold to the applicant.
- Producer name(s), signature(s), and date to acknowledge/certify the application information provided.
- Commission split, if applicable.

Producer Comments

This section allows the producer to provide any additional information and/or comments they feel needs to be addressed regarding the application.

ELECTRONIC APPLICATION

Use of the electronic application by all agents is highly encouraged. The efficiency of the application, underwriting, policy issue, and commission payment process is greatly enhanced. Since it is not possible for an E-app to be submitted unless all required questions are answered, a telephone call to the applicant might be avoided. Power of attorney signatures are not accepted for electronic application.

Please access the e-app through the agent portal or with the following URL...

<https://lsneapp.com/forms/dvh>

- Once the electronic application has been submitted, you can download or print the application if you wish. The applicant will show up in your agent portal for you to follow the status of the application.
- Special State Forms (where applicable) will be included with the web application (eApp) for you to complete.
- If any document(s) are not uploaded before submission, the application will automatically be pended in Underwriting and an e-mail sent noting the requirement(s) needed for review.
- If the requested Underwriting requirements are not received within 15 days of receipt of the email, the application will be closed out incomplete.

Digital (Electronic) Signature & Date

- The producer is attesting to the fact they collected all information included in the web application (eApp). The applicant consented to the use of his/her electronic signature when he/she typed their name, and the producer typed his/her name on the signature line. **Once you submit the application if you notice an omission or error, you should contact Underwriting immediately at 844-649-1898.**

REQUIRED FORMS

Application

Only current DVH applications may be used in applying for coverage. A copy of the completed application will be sent to the applicant's email address provided. The agent is responsible for submitting applications to LifeShield's administrative office.

STATE SPECIAL FORMS

***Forms specifically mandated by states to accompany point of sale material. All forms will be part of the supplies with the app packet. Any form(s) that need to be returned will be made part of the new business submission packet.**