



MedAmerica Insurance Company
 Home Office: Pittsburgh, PA
 MedAmerica Insurance Company of New York
 Home Office: Rochester, NY
 MedAmerica Insurance Company of Florida
 Home Office: Winter Park, FL



Employer Program Agreement

Company Name: _____

Address: _____

Employer Program Agreement: *The above named Employer agrees to support a MedAmerica employer program long term care insurance offering to all eligible employees and agrees to the participation option(s) selected. The Employer also acknowledges that the Agent of Record has reviewed the census and program participation requirements and agrees to comply with the Actively At Work criteria for simplified underwriting. The Employer acknowledges that Actively At Work eligible employees will receive only one opportunity to apply with simplified underwriting and only during the program's initial open enrollment. The Maximum Initial Open Enrollment Period is 90 Days. After the initial open enrollment, simplified underwriting is only available to new Actively at Work eligible employees that apply within 60 days of the new hire eligibility participation date (defined by the employer). The Employer Program offer is subject to the insurer approval and the product and rates may vary by state.*

Signature of Company Representative _____ **Date:** _____

Name & Title (Print) _____

Administrative Contact Information (Contact for Billing and Program Administration)

Contact Name: _____ **Phone:** _____

Title: _____

Agent of Record Information

Agent Name: _____ **Phone:** _____

Producer Writing No.: _____ **Email:** _____

Agency Name: _____

Agent Signature: _____ **Date:** _____

Open Enrollment Start Date: The Employer Program is subject to pre-approval by the insurer, including receipt of the Employer census at least 10 business days prior to the Open Enrollment Start Date. Pre-enrollment educational activities may commence after the insurer approves the Employer Program offering. Applications must be signed on or after the Open Enrollment Start Date. The maximum initial Open Enrollment Period is 90 days.

Requested Enrollment Start Date: _____ **End Date:** _____

Participation Options: (Administration and Billing terms are subject to Insurer Approval)

IS THE EMPLOYER CONTRIBUTING? (Check Yes or No)	
<input type="radio"/> YES (Select One Option) <input type="radio"/> Flat Dollar Contribution \$_____ <input type="radio"/> All Employees <input type="radio"/> Care Partners <input type="radio"/> Select Eligible Employees (only) <input type="radio"/> Defined Benefit Design (Attach Illustration of Proposed Plan) <input type="radio"/> All Employees <input type="radio"/> Care Partners <input type="radio"/> Select Eligible Employees (only) <input type="radio"/> 100% Employer Paid- All Employees for Any Benefits Chosen(Pay as billed) <input type="radio"/> Care Partners	Policy Effective Date (If "Yes", Select One Option below) <input type="radio"/> Effective Date Assigned by Insurer <input type="radio"/> *Common Effective Date Requested _____ <small>*Common Effective Date is only available for the 100% Employer Paid option for all employees and only for the Initial Open Enrollment. All applications must be signed before the Common Effective Date and it is subject to Insurer approval.</small>
<input type="radio"/> NO (Select One Option) <input type="radio"/> Bill All Employees Directly <input type="radio"/> Payroll Deduction (Conference call with Employer is required to set up payroll billing) <input type="radio"/> Employees <input type="radio"/> Care Partners <input type="radio"/> Other	<small>Please Note: If Direct Bill to Employees or Payroll Deduction selected then only available option is:</small> Effective Date Assigned by Insurer

Send Completed Form to: **MedAmerica Sales Dept., 165 Court Street, Rochester, New York 14647 Fax: 585-238-3642**



An Excellus Company

MedAmerica Insurance Company
Home Office: Pittsburgh, PA

MedAmerica Insurance Company of New York
Home Office: Rochester, NY

MedAmerica Insurance Company of Florida
Home Office: Winter Park, FL

Worksite Communications & Enrollment Plan

Company Name: _____

Phase 1: Education And Awareness (check all that apply and indicate dates)

Dates	Description
_____	<input type="radio"/> Management Meeting - Introduction Of LTCI Benefit <input type="checkbox"/> Introduction Of New LTCI Benefit <input type="checkbox"/> Announcement Of Upcoming Events <input type="checkbox"/> Confirmation of Mgmt. Support For Employee Participation <input type="checkbox"/> Scheduling Of Management Consultations
_____	<input type="radio"/> Employee Introduction Letter <input type="checkbox"/> On Employer's Letterhead, Signed By Employer <input type="checkbox"/> Mailed To Employee's Home
_____	<input type="radio"/> Weekly Distribution Of Educational Information - Educational Emails, Hard Copy Available Upon Request <input type="checkbox"/> What is LTC? <input type="checkbox"/> The Cost of LTC Services <input type="checkbox"/> The Impact of LTC On Family <input type="checkbox"/> The Advantages Of Applying For Protection Now <input type="checkbox"/> Why Cash LTCI Is A Key Component Of A Financial Plan
_____	<input type="radio"/> Announcement of Events - Display Posters/Tent Cards <input type="checkbox"/> Customized To Include: Dates, Times, Locations, Contact And Website Info <input type="checkbox"/> Display In High Visibility Areas

Phase 2: Open Enrollment (check all that apply and indicate dates)

_____	Requested INITIAL OPEN ENROLLMENT START DATE - <u>First Date To Apply With Simplified Underwriting</u>
_____	Educational Meetings - Key Elements For Success <input type="radio"/> Available At Workplace During Work Hours <input type="radio"/> Employer Introduction At Each Meeting <input type="radio"/> Employer Agrees To Mandatory Attendance And RSVP's <input type="radio"/> Seminar Evaluation Forms Will Be Collected <input type="radio"/> Personal Consultations Will Be Available During Work Hours <input type="radio"/> Meetings For Family Members And Retirees Available
_____	<input type="radio"/> Online Enrollment And Educational Information (Where Available) www.Medamericaltc.com <input type="checkbox"/> Educational Articles <input type="checkbox"/> Easy Online Enrollment Tool And Rate Calculator <input type="checkbox"/> Also Available To Family And Retirees
_____	Private Consultations - Enrollment Booklet, Consumer Brochure <input type="radio"/> Available At Workplace During Business Hours
_____	<input type="radio"/> Distribution of Reminder Notices - Email And/Or Hard Copy Reminder Notices <input type="checkbox"/> Last Date To Apply Before Open Enrollment Ends <input type="checkbox"/> Simplified Underwriting Is A One Time Only Offer
_____	OPEN ENROLLMENT END DATE - <u>Last Date To Apply With Simplified Underwriting</u> Ongoing Services - Educational And Enrollment Services Are Ongoing <input type="checkbox"/> New Employee Enrollment (Simplified Underwriting For New Actively At Work Employees Who Apply Within 60 Days Of Date New Employee Is Eligible To Participate. Employer Census Required.) <input type="checkbox"/> Ongoing Enrollment Of Employees And Family Members (With Standard Medical Underwriting)

The employer and agent signed below have reviewed and agree to the above timeline and requirements of this communications plan. Each party also understands that materials may vary by state and are subject to approval of the insurer.

Signature of Authorized Company Representative

Date

Signature of Authorized Agent

Date

EPA-4-08 Agent Note: Call 1-800-724-1582 to order Employer Program materials at least **10 business days** before required delivery date.