

The Colonial Supplemental Insurance Division of The Paul Revere Life Insurance Company Medical Bridge_{SM} Product Underwriting Guide

This information has been prepared for the education and training of sales representatives contracted with the Paul Revere Life Insurance Company to represent Colonial Supplemental Insurance division in New York. This product information provides a very brief description of some of the product features of this plan. It is not an exact description and should not be used as individual sales literature. Only actual brochures and policies can provide detailed product information. It should not be shown or given to insureds or prospective insureds. Any other use of this information has not been authorized in New York. Marketed and administered by Colonial Supplemental Insurance Division and underwritten by The Paul Revere Life Insurance Company.

The Application

The Proposed (Named) Insured is the employee. If the employee is not eligible for coverage because of health reasons, the spouse of the employee may apply as the Proposed (Named) Insured.

If the employee applies for Named Insured and Spouse or 2 Parent Family coverage and is not eligible because of health reasons, but the spouse is eligible, we can issue coverage to the eligible spouse through the employee's payroll deduction plan. The spouse becomes the Proposed (Named) Insured. The following should occur in this situation:

- **A manual handwritten application for individual or 1 parent Family coverage should be submitted listing the spouse as the Proposed (Named) Insured.**
- **A Supplemental Health Statement (form # 97258 for Paul Revere) must accompany the application listing the specific health condition that excludes the employee from coverage.**

Coverage is available the following ways: Named Insured only, Named Insured and Spouse, 1 Parent Family, and 2 Parent Family coverage.

Major Medical Section

The first question on the application pertains to Major Medical Insurance. To be eligible for the Hospital Indemnity coverage, the Proposed Insured must answer this question "Yes". If the question is answered "No", the Proposed Insured is not eligible for coverage. If the application is submitted with this question answered "No", it will be declined by the underwriter and the Proposed Insured will be notified in writing that they do not qualify for the coverage.

Proposed Insured Section

This section solicits pertinent information about the Proposed (Named) Insured for which insurance is applied. Please be sure to include telephone numbers with the area code. Also, please be sure to fill in the space indicating the best time to call for any additional information that may be needed to process the application. We will make our best effort to honor that request.

Demographic Information Section

Please complete this section and have the Proposed (Named) Insured answer question "**Are you now actively working?**"? If the answer to the question is "Yes", the Proposed (Named) Insured is eligible for coverage. If the Proposed (Named) Insured answers this question "No", then the following question "**Are you disabled and unable to work?**" must be answered. If the answer to this question is "Yes", then the Proposed Insured is not eligible for coverage. If the answer to the question is "No", and the application is submitted, the underwriter will write the representative to clarify the answers to these questions. The only time that the underwriter will write the representative for clarification is when both questions are answered "No".

Employer Information Section

Please complete this section listing the Employer Name, Address, and the Date Employed of the employee/payer.

Billing Information Section

Please complete this section listing all pertinent billing information. This should include the Payroll/Employee/Department/Section number which are vital pieces of information that will assure that an account billing is properly established. If the Proposed (Named) Insured is also the Employee/Payer, the Name and Address of the Payer, Social Security Number of the Payer, and Name and Address of the Payroll Deduction Account do not need to be completed.

Plan Information Section

This Section must be completed for the Proposed (Named) Insured. List the Plan Description, Plan Code; indicate if Policy or Rider, Tax Status, and the Premium of the plan and any applicable riders that are applied for. Discrepancies in plan codes, benefit amounts, and premiums could result in a delay of a correct policy being issued.

Replacement Information Section

The replacement information section should be answered if it is required in New York. If the answer to the question is "Yes", provide the insured's name, name of the company that is being replaced, benefit amount, premium, and the policy number as well as submit the appropriate replacement forms if they are required.

Spouse Information Section

If Named Insured and Spouse or 2 Parent Family coverage is applied for, this section must be completed. The name of the Spouse must be listed along with their Date of Birth, Social Security Number, plan code, and relationship to the Proposed Insured.

AIDS Information Section

The Proposed Insured, their spouse, and dependent children, if spouse and dependent coverage is applied for, must answer this question when applying for Hospital Indemnity coverage. If this question is answered "Yes", then the applicant will not qualify. If the application is submitted with the question answered "Yes", coverage will be declined by the underwriter and the proposed insured will be notified in writing.

Hospital Indemnity Simplified Issue Section

All three health questions in this section must be completed for both the Proposed Insured and spouse, provided spouse coverage is applied for. The Proposed Insured may apply for benefits up to \$ 1,000 Lump Sum Inpatient Benefit and \$500 Outpatient Surgery Benefits for accounts with 3-99 employees and \$1,500 Lump Sum Inpatient benefit and \$500.00 Outpatient Surgery benefit for accounts with 100+ employees.

All health questions in the Simplified Issue section are considered "Knock-Out" questions. If any of these questions are answered "Yes" by the employee or their spouse, or the weight listed for a specific height is above the weight listed for "Knock-Out" underwriting (see attached height and weight chart), they are not eligible for the coverage and the application should not be submitted. If the application is submitted, it will be declined immediately and the Proposed (Named) Insured will be sent a letter explaining that the application has been declined based upon their "Yes" response on the application or that their height and weight exceeded maximum issue guidelines. We will not pursue additional information on these applicants, as they clearly do not qualify for coverage.

Hospital Indemnity Simplified Issue Level 1 Section

Simplified Issue Level 1 underwriting requires the completion of five health questions for the employee and spouse, provided spouse coverage is applied for, in addition to the three Simplified Issue questions. The Proposed (Named) Insured may apply for benefit amounts up to \$ 2,000.00 Maximum Lump Sum Inpatient Benefit and \$ 500.00 Maximum Outpatient Surgery Benefit by answering the health questions in this section.

Questions in the Simplified Issue Level 1 section are considered “Knock-Back” questions. This means that if the Proposed (Named) Insured or their spouse answers “Yes” to the first 2 questions or answers the last 3 health questions in this section “Yes”, and lists health information that Underwriting normally would decline, the coverage will be reduced to the maximum benefit allowed (\$1,000 Maximum Lump Sum Inpatient Benefit for accounts 3-99 lives and \$ 1,500.00 Maximum Lump Sum Inpatient Benefit for accounts of 100+ lives) for Simplified Issue.

When applying for Named Insured and Spouse or 2 Parent Family coverage, if the spouse does not qualify for Simplified Issue Level 1 based on health reasons, the following will occur:

- **The employee will be issued an Individual or 1 Parent Family policy for the benefit amount he applied for.**
- **The spouse will be issued a separate Individual policy listing them as the Named Insured, with a benefit amount reduced to the maximum allowed for the Simplified Issue level of underwriting.**
- **Spouse signature will not be required in this situation.**

Dependent Health Question Section

If the Proposed (Named) Insured applies for 1 Parent Family or 2 Parent Family coverage, they are required to answer the Dependent Health question for their dependent children in order to qualify them for coverage. If the Proposed (Named) Insured answers this question “Yes” for their dependent child, the name of the child, date of birth, and relationship to the Proposed (Named) Insured must be listed on the application in this section. The social security number of the dependent child is optional and is not required in this section. Dependent children who are listed by name on the application will **NOT** be covered under the policy.

Signature Section

The Employee should sign the application as the Proposed (Named) Insured. If the Employee does not qualify for the coverage because of health reasons and the spouse applies as the Proposed (Named) Insured, the spouse’s signature is not required. The employee signs the application as the applicant.

Agents Statement

The agent’s statement must be completed by the representative indicating if they were present at the time the application was taken or signed. The application must be signed and dated by the representative.

Medical Bridge_{SM} Underwriting Guidelines

Eligibility Guidelines:

- Issue ages 17-64 for both the employee and spouse
- The Proposed (Named) Insured is the employee
- The employee must be actively at work at the time of application
- The employee must be actively working 17.5 hours per week
- The spouse and dependent children of the employee are eligible for coverage if the employee applies for Named Insured and Spouse, 1 Parent Family or 2 Parent Family coverage.

Dependent Child(ren):

To be considered a dependent, the child(ren) must be:

- Unmarried
- Younger than the age of 23
- Dependent on the proposed (named) insured or his/her spouse for support

This includes natural children, stepchild(ren), legally adopted child(ren), or child(ren) placed with the Proposed (Named) Insured for the purpose of adoption.

Simplified Issue:

- No home office approval required
- Minimum account size is 3+ eligible employees

The Simplified Issue level requires the completion of three health questions in addition to the AIDS question for all levels and amounts of coverage for the employee and spouse.

Simplified Issue Benefit Amounts:

All Issue Ages	3-99 Employees	100+ Employees
	\$1,000 Maximum Lump Sum	\$1,500 Maximum Lump Sum
	Inpatient Benefit	Inpatient Benefit
	\$ 500 Maximum Outpatient	\$ 500 Maximum Outpatient
	Surgery Benefit	Surgery Benefit

Simplified Issue Level 1:

- No home office approval required
- Minimum account size is 3+ eligible employees

Simplified Issue Level 1 underwriting requires the completion of five health questions for the employee and or spouse, in addition to the Simplified Issue questions and the AIDS question.

Simplified Issue Level 1 Benefit Amounts:

All Issue Ages	3-99 Employees	100+ Employees
	\$ 1,500 - \$ 2,000 Maximum Lump	\$ 2,000 Maximum Lump
	Sum Inpatient Benefit	Sum Inpatient Benefit
	\$ 500 Maximum Outpatient	\$ 500 Maximum Outpatient
	Surgery Benefit	Surgery Benefit

Riders:

Three riders will be offered with the Medical Bridge product for Named Insured, Named Insured and Spouse, 1 Parent Family, and 2 Parent Family coverage:

- Accident only Emergency Room Treatment with Doctor Office Follow-up Visit for Confinement and Outpatient Surgery
- Accident/Sickness Emergency Room Treatment with Doctor Office Follow-up Visit for Confinement and Outpatient Surgery
- Accident Care Health Screening Rider

To eliminate the risk of confusion when selling the Accident only Emergency Room Treatment with Doctor Office Follow-up Visit rider or the Accident/Sickness Emergency Room Treatment with Doctor Office Follow-up Visit rider, it is preferable that only one rider option be sold in an account during an enrollment. However, the Proposed Insured does have the option to make changes to the rider on their existing policy at a later date.

- **If the Accident/Sickness Emergency Room Treatment with Doctor Office Follow-up Visit rider is added to the existing base policy at a later date, the Simplified Issue questions are required to be answered for the Proposed (Named) Insured and Spouse, provided spouse coverage is applied for.**

This information has been prepared for the education and training of the sales representatives contracted with The Paul Revere Life Insurance Company to represent the Colonial Supplemental Insurance Division of The Paul Revere Life Insurance Company in New York. This product information provides a very brief description of some of the product features of this plan. It is not an exact description and should not be used as individual sales literature. Only actual brochures and policies can provide detailed product information. It should not be shown or given to insureds or prospective insureds. Any other use of this information has not been authorized in New York. Administered by the Colonial Supplemental Insurance Division of The Paul Revere Life Insurance Company and underwritten by The Paul Revere Life Insurance Company.

Unisex Build Table for the Medical Bridge Product

Height		Underweight	Weight
Ft.	In.	Knock-Out	Knock-Out Underwriting
4	10	78	180
4	11	81	185
5	0	84	195
5	1	86	202
5	2	90	209
5	3	93	216
5	4	96	223
5	5	98	230
5	6	101	237
5	7	104	243
5	8	107	250
5	9	110	257
5	10	113	264
5	11	116	271
6	0	120	278
6	1	124	285
6	2	127	292
6	3	131	300
6	4	134	308
6	5	137	316
6	6	141	324
6	7	145	332
6	8	148	340
6	9	152	348

Applicants more than 10 pounds below the weight listed in the “Underweight” column will be a “Knock-Out” and will not be eligible for coverage.