

Loyal American Life Insurance Company® (Loyal) **AGENT GUIDE**

Loyal American Life Insurance Company is a member of the Great American Supplemental Benefits Group of Companies

Loyal

helps you every step of the way.



A MESSAGE FROM OUR PRESIDENT



On behalf of Loyal American Life Insurance Company, I want to welcome you to our family of financial services. Loyal is a part of Great American Financial Resources,® Inc. and has emphasized financial strength for the protection of its policyholders as well as has an “A-” (*Excellent*) rating from A.M. Best Company*. You can be sure that our entire team is charged with fulfilling the commitments we make to you and those you make to your clients. Our objective is to earn your business every day by building a working relationship that is focused on results. We are constantly striving to improve services, policies and procedures geared towards making doing business with us faster and easier. And, our commitment does not stop there — our Customer Service staff is standing by to answer your calls and calls from your clients. We understand that our way of doing business does not work unless it works for you and your client. You can count on us to deliver the service you and your clients expect and deserve.

-Brad Wolfram, *President*

*The A.M. Best’s Rating represents an opinion based on a comprehensive quantitative and qualitative evaluation of a company’s balance sheet strengths, operating performance and business profile.

NOTICE

Throughout this guide, references and procedures will refer to the “generic” product. The product approved in your state may have similar application form numbers but may occur in a different sequence.

For the most accurate forms in your state, please access **AgentView** at: <http://AgentView.gafri.com>, for Product Forms and State Specific Product Pages.

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Medicare Supplement

MEDICARE SUPPLEMENT

A Medicare Supplement policy is an individual supplemental health insurance plan that provides benefits for all or part of the deductible and coinsurance amounts not covered by Medicare. The Omnibus Budget Reconciliation Act of 1990 (OBRA '90) permits issuance of a Medicare Supplement policy to individuals who have other health insurance plans such as Long-Term care, specified disease or hospital indemnity policies. However, it is unlawful to sell a Medicare Supplement policy to an individual who already has a Medicare Supplement policy – unless the new policy will replace the existing policy.

Benefit Chart of Medicare Supplement Plans

This chart shows the benefits included in each of the standard Medicare Supplement plans. Every company must make Plan “A” available. Some plans may not be available in your state. Because of MIPPA (*Medicare Improvements for Patients and Providers Act of 2008*) there are changes that have been made to the Medicare Supplement plans as of June 1, 2010, such as plans E, H, I & J are no longer available for sale. See your state’s Outline of Coverage for details about ALL Plans.

Basic Benefits:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (*generally 20% of Medicare-approved expenses*) or co-payments for hospital outpatient services. Plans K, L & N require insureds to pay a portion of Part B coinsurance or co-payments.

Blood: First three pints of blood each year.

Hospice: Part A coinsurance.

A	B	C	D	F/F*	G	K	L	M	N
Basic Benefits, Including 100% Part B Coinsurance	Basic Benefits, Including 100% Part B Coinsurance	Basic Benefits, Including 100% Part B Coinsurance	Basic Benefits, Including 100% Part B Coinsurance	Basic Benefits, Including 100% Part B Coinsurance	Basic Benefits, Including 100% Part B Coinsurance	Hospitalization & preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization & preventive care paid at 100%; other basic benefits paid at 50%	Basic Benefits, Including 100% Part B Coinsurance	Basic Benefits, Including 100% Part B Coinsurance**
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						Out-of-pocket limit \$4,620; Paid at 100% after limit reached	Out-of-pocket limit \$2,310; Paid at 100% after limit reached		

* High Deductible Plan F – Is a high deductible plan pays the same benefits as Plans F after one has paid a calendar year \$2,000 deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed \$2,000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan’s separate foreign travel emergency deductible.

** Except up to \$20 co-payment for office visits and up to \$50 co-payment for ER visits.

THE SALES PROCESS

Sales Tools

- Outline of Coverage
- Brochure (*optional*)
- Application package

Leave Behind Materials

Here is a list of marketing materials every agent should have when completing a sale. Remember, some of these materials are required by your state.

- Appropriate state Outline of Coverage (*required*)
- Brochure (*optional*)
- The “Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare” Guide (*required*)
- Premium Receipt (*contained in application package*)
- Replacement Form if replacement Policy (*contained in application package, required*)
- Any other state specific forms in your application package to be left with applicant

The New Policy

- Policy – Check to ensure that the issued policy matches the requested policy.
- Policy Identification Card – For your client’s use when purchasing health care services.
- Delivery Receipt – The insured is to sign this and return it to the administrative office. (*In states where required*)
- Amendments – Your client’s policy may be issued conditionally. If so, an alternate plan of coverage is submitted with the policy giving the applicant the opportunity to accept or decline the offer. If the offer is accepted, the acceptance letter signed by the client is returned, filed and the account activated. If the offer is declined, the policy is terminated as not taken. Failure to return this signed amendment within thirty (30) days (*free look period*) will result in an automatic cancellation of the policy.



UNDERSTANDING THE MEDICARE SUPPLEMENT APPLICATION

Outside Open Enrollment (*applicants age 65 and older*)

- Submit a completed application. Health questions should be answered.
- A Phone Verification will be required for all applicants along with a prescription database check.

During Open Enrollment

The Medicare Supplement Open Enrollment (OE) period lasts six (6) months. OE generally starts on the first day of the month in which the applicant is both age 65 or older and enrolled in Medicare Part B.

- Submit a completed application. Medical questions should not be answered.
- All plans for sale in the state of residence will be available.

Open Enrollment/Guaranteed Issue Quoting Rules for Plans¹ A, B, C, D, F, G & N

ATTAINED AGE

- During Turning 65 OE, plans should be quoted at the age 65 rate for Preferred class for non-tobacco users and Standard class for tobacco users. However, if the tobacco question is under the 'Medical Questions' on the application you do not have to answer and can quote for Preferred rates regardless of if the client is a tobacco user or not.
- During Regular OE (*63 & under and 66 & older*) Preferred (*or preferred plus if available²*) should be quoted regardless of tobacco usage.
- In PA & TN the most favorable class rate must be used during Open Enrollment.

ISSUE AGE

- Preferred (*or preferred plus if available²*) rates should be quoted in all issue age states regardless of tobacco use.

Disabled applicants under the age of 65

Applicants who are under the age of 65 and are disabled (*according to Medicare qualification criteria*) are generally not offered coverage unless an offer is mandated by the state in which they live. Refer to Medicare & You, the official government handbook, for details and updated state guidelines (*also available online at www.medicare.gov*).

Disenrollments/Guaranteed Issue

If the proposed insured loses health coverage under certain circumstances, he or she will have a guaranteed right to purchase the Medicare Supplement plans A, B, C or F offered by the company in the applicant's state. He or she must apply within sixty-three (63) calendar days following notification of loss of coverage or the actual date that coverage terminates (*If the applicant applies after sixty-three (63) calendar days, full underwriting will be required*).

Check for any other specific rules in the applicant's state. Once you have determined that Guaranteed Issue circumstances apply:

- Complete an application with the proposed insured.
- Submit a copy of the disenrollment/termination letter including policyholders name and termination date with the application. Additional documentation may be required for certain Guaranteed Issue rights.
- Medical questions should not be answered.

¹ Check your states Outline of Coverage for available plans.

² Preferred Plus rates not available in every state, check your states Outline of Coverage for available plans.

COMPLETING A MEDICARE SUPPLEMENT APPLICATION

All sections of a Medicare Supplement application must be completed. Make sure to refer to the application relevant to your state when reviewing this guide.

The following guidelines apply to all applications:

- Use black ink pen on all documents – no marker pens.
- Loyal accepts Med Supp applications for clients that are not current Med Supp policyholders within our family of companies. This includes policy conversions, exchanges and downgrades.
- Both the issue state and the residence state must be based on the applicant. Agents must be licensed to sell Med Supp in the applicant's state of residence either by a state resident or non-resident license in order to take an application.
- All agents must also use the current application packet (*with rates*) for the insured's resident state at the time of application. Applications received for processing that are based on the agent's issue state and not the applicant's resident state will be returned.
- Draw a line through any errors and have the applicant initial corrections. Do not use correction fluid or similar measures.
- Applications must be submitted within thirty (30) days of the signed application date and cannot have a requested effective date prior to the date the application is signed.
- The requested effective date may not be more than sixty (60) days from the date the application was signed.
- Initial full premium must be submitted on all applications (*except for faxed and EXPRESS APP applications where the bank draft authorization can be completed for premium*). Neither agent nor agency checks are acceptable.
- Check all calculations against the premium rate charts and/or rate software, including plan code, area rating, age, etc.
- Applicant and agent must sign and date all designated sections on the application – no Power Of Attorney signatures are acceptable (*except for Phone Sale and EXPRESS APP applications where the signature will be collected during the Phone Verification call*).
- We do not accept stamped signatures from either agents or applicants.
- If applicable, all state-required forms (*e.g., replacement, state disclosure and disenrollment/termination letter*) should accompany the application at the time of submission.
- A HIPAA Authorization must always be signed and submitted with the application.

Application submission tips:

- For applicant Height/Weight enter in feet and inches and pounds.
- Payer/payee guidelines: We will not accept premium payments from an employer or a group. Each policy is an individual contract. Premium payments will be accepted only from the policyholder or an immediate family member. No third-party payers will be accepted.
- A Point-of-Sale Phone Verification (PV) reduces underwriting time. Contact the Austin Office to conduct Point-of-Sale Phone Verifications for all Med Supp applications. For instructions on how to complete a PV see page 21.
- All Open Enrollment/Turning 65 or Guaranteed Issue applications must be mailed with the first premium check to P.O. Box 559015 | Austin, TX 78755-9015.

UNDERWRITING GUIDELINES

All applications will be fully underwritten, unless the applicant qualifies for Open Enrollment or Guaranteed Issue. Our underwriting process includes a Phone Verification and a prescription drug screening. If an application is submitted as any rate class that does not meet our criteria, you will be notified, a notice of premium due and alternate plan of coverage schedule page will be sent with the policy and the application will be held until we receive the additional premium and signed schedule page.

Preferred Plus Class*

An applicant may qualify for the Preferred Plus class rate when the applicant meets at least the following minimum requirements:

- All medical questions must be answered “no”.
- The applicant is not taking more than three (3) maintenance prescription drugs.
- The applicant is not taking any of the drugs listed on our declinable drug list for listed use only (*GASBG-1-0019, found on AgentView*).
- The applicant’s height and weight must be between the minimum weight and the maximum weight for Preferred Plus class.
- The applicant must not have used tobacco within the last twelve (12) months.

Preferred Class

- All medical questions must be answered “no”.
- The applicant is not taking any of the drugs listed on our declinable drug list for listed use only (*GASBG-1-0019, found on AgentView*).
- The applicant’s height and weight must be between the minimum weight and the maximum weight for Other classes.
- The applicant must not have used tobacco within the last twelve (12) months.

Standard Class

- All medical questions must be answered “no”.
- The applicant is not taking any of the drugs listed on our declinable drug list for listed use only (*GASBG-1-0019, found on AgentView*).
- The applicant’s height and weight must be between the minimum weight and the maximum weight for Other classes.
- The applicant is a tobacco user or has used tobacco in the last twelve (12) months.

REMEMBER: When checking your client’s medications against the Declinable Drug List (*GASBG-1-0019, found on AgentView*) always determine how that medication is used. Prescription medications may be used for multiple reasons. Insurability is based on the conditions listed on the actual application. Our Underwriting Department will have the final determination in all cases.

IMPORTANT NOTE: The Med Supp business will be issued at the rate class requested by the Agent. If the applicant does not qualify for the requested rate class the next appropriate rate class will be applied.

* Preferred Plus class rates are not available in all states. Check your state’s Outline of Coverage for availability.

PREMIUM CALCULATION AND PAYMENTS

One Time Application Fee

There is a one (1) time application fee (*except AR & WV*) of \$25.00 (\$6.00 in MS) for each new application.

Premium Modes

Four (4) modes of premium payment are currently available: Annual, Semi-Annual, Quarterly & Monthly auto-pay.

Rate Classes

There are three (3) classes of rates for Loyal: Preferred Plus*, Preferred and Standard (*tobacco user*).

Premium Payments

Premium payments will be accepted only from the policyholder or an immediate family member. No third-party payers will be accepted.

Note: In an effort to help all agents with their sales of our Loyal American Medicare Supplement plans, we are happy to announce that we will not implement any rate increase for a minimum of 12 months, unless your state requirements differ.

EXPRESS APP Premium Illustration & Application Software

To access the Loyal EXPRESS APP Medicare Supplement Illustration software log on to our agent website, **AgentView**, go to the EXPRESS APP page and select and download the Loyal EXPRESS APP software. For detailed instructions on how to download and install, log on to **AgentView**, click “Help” at the bottom of the page and click the “EXPRESS APP Guide” link.

If you are away from a computer or cannot access the Loyal EXPRESS APP program you can calculate the premiums manually using the instructions below.

How to Calculate Premiums

1. Find the premium for the insured at the age he or she is on the date the application is signed, not the requested date of coverage.
2. Determine the correct rates by using the first three (3) digits of your client’s ZIP code.
3. Decide which mode of premium payment you will use. The current modes offered are: Annual, Semi-Annual, Quarterly and Monthly auto-pay. For modes other than annual, use the appropriate conversion formula:
Semi-Annual = Annual premium x 0.520
Quarterly = Annual Premium x 0.265
Monthly Auto-Pay = Annual premium x 0.085
4. Multiply the annual premium by the applicable factors to obtain the appropriate rate.
Example: \$1,200 (*Annual premium*) x 0.085 (*Monthly Bank Draft*) = \$102 monthly rate

Bank Drafts

Loyal Med Supp policies will draft premiums on the client’s chosen draft date following the effective date.

* Preferred Plus class rates are not available in all states. Check your state’s Outline of Coverage for availability.

*Loyal
Protection
Plus*

LOYAL PROTECTION PLUS

The benefits of Loyal Protection Plus

No matter how good your client's medical insurance is, when they are hospitalized for an injury or illness there will probably be medical expenses and out-of-pocket costs that aren't covered. A Loyal Protection Plus insurance policy provides cash benefits they can use as they see fit. The benefits are predetermined and paid regardless of any other insurance your client has. Whether your client wants a plan that provides just the hospitalization benefits or one that also includes benefits like the Skilled Nursing Facility Benefit or the At-Home Care Benefit, Loyal American Life Insurance Company can help with Loyal Protection Plus.

Choice and flexibility are built-in to our three packages — Essential Coverage Option A, Complete Coverage Option B & Absolute Coverage Option C benefit packages. You select the coverage your client needs with the benefits that are right for them and their budget.

The protection comes from knowing they will have help with out-of-pocket expenses including deductibles, co-pays and coverage limits that may be included in your primary insurance plan. And, all benefits are paid directly to your client.

Bonus! When Loyal Protection Plus is purchased in conjunction with a Loyal Medicare Supplement Policy, applicable claims will be submitted automatically. Filing a paper claim may not be necessary!

Definition of Benefit Riders²

Hospital Confinement Base Plan – This benefit pays \$750 when confined to a hospital in excess of 24 hours. The benefit is payable once for each period of confinement³.

Ambulance Benefit Rider – We will pay \$150 for ambulance transportation during a period of confinement up to three times per calendar year for each covered person. This benefit has a lifetime maximum of \$2,500 per covered person.

First Diagnosis of Cancer Benefit Rider – If a covered person should incur a first diagnosis of cancer, Loyal will pay that covered person a lump sum of \$5,000. Each covered person is limited to the payment of one such benefit amount.

Skilled Nursing Facility Benefit Rider⁴ – After satisfying a your 20 day elimination period, we will pay the daily benefit of \$125 for each day you are confined in a skilled nursing facility. This benefit is payable for up to 90 days for each period of confinement for each covered person. The confinement must immediately follow a hospital stay of at least three consecutive days.

At-Home Care Benefit Rider – We will pay \$50 per day for physician-ordered services of a private-duty nurse or registered nurse. This benefit is payable for up to 30 days for each period of care.

Phone Verification (PV)

We will conduct a PV with the applicant to verify all the information on the application. Refer to page 21 for our Point-of-Sale and PV procedures. If the client purchasing a Loyal Protections Plus policy in conjunction with a Loyal Medicare Supplement policy, both PV's can be done at the same time without duplicating questions. *Be sure to notify our PV agent at the time of the call if doing the PV at the Point-of-Sale that the verification will be for both policies.*

¹ 18 – 85 in PA.

² All riders may not be available in all states.

³ Period of Confinement – Begins with the first day of confinement in a hospital because of a covered sickness or injury and ends when you have been out of the hospital and not confined to any other medical or skilled nursing facility for sixty (60) consecutive days.

⁴ In Iowa the coverage is for a Nursing Facility.

HOW DO I FILL OUT THE APPLICATION?

Instructions for selecting the options for the Loyal Protection Plus

The applicant information and payment selection portion of the application are completed as normal. The Loyal Protection Plus brochure (LOYAL-3-0004-BRO) has complete information on coverages and options available. Below is a recap of the benefits included with each option:

- **Option A (Essential)**, includes the \$750 Hospital Confinement Benefit & the \$150 Ambulance Benefit.
- **Option B (Complete)**, includes the \$750 Hospital Confinement Benefit, the \$150 Ambulance Benefit & the \$125 Daily Skilled Nursing Facility Benefit.
- **Option C (Absolute)**, includes the \$750 Hospital Confinement Benefit, the \$150 Ambulance Benefit, the \$125 Daily Skilled Nursing Facility Benefit, & the \$50-per day At-Home Care Benefit.

To select the proper coverage requested by the applicant, simply follow these basic steps:

1. Check Hospital Confinement Benefit & Ambulance Benefit - these are included in all Options, A, B & C.
 - a. If your client chose Option B, also check Skilled Nursing Home Benefit
 - b. If your client chose Option C, also check Skilled Nursing Home Benefit & At-Home Care Benefit
2. If your client chose the Ultimate Plan upgrade, check First Diagnosis of Cancer Benefit.

BASE PLAN	<input type="checkbox"/> Hospital Confinement Benefit (A, B, C) (Choose one benefit amount)	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,250
OPTIONAL RIDERS (Choose Rider applied for and one benefit amount for each.)	<input type="checkbox"/> Skilled Nursing Facility Benefit (B, C)	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100	<input type="checkbox"/> \$125
	<input type="checkbox"/> At-Home Care Benefit (C)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$75
	<input type="checkbox"/> Daily Hospital Benefit	<input type="checkbox"/> \$100	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150
	<input type="checkbox"/> Physician Benefit	<input type="checkbox"/> \$15	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50
	<input type="checkbox"/> Surgical Benefit	<input type="checkbox"/> \$200	<input type="checkbox"/> \$400	<input type="checkbox"/> \$600
	<input type="checkbox"/> First Diagnosis of Cancer Benefit	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$10,000
	<input type="checkbox"/> Ambulance Benefit (A, B, C)	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150
	<input type="checkbox"/> Durable Medical Equipment Benefit	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400
	<input type="checkbox"/> Accidental Death & Dismemberment Benefit (Choose Beneficiary)	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$7,500
	Primary Beneficiary _____ Relationship _____			
Contingent Beneficiary _____ Relationship _____				

Check this box if the applicant requests the 'Ultimate Plan' for the First Diagnosis Cancer Benefit.

Other coverage amounts and options shown in gray are not available at this time.

Refer to the Loyal Protection Plus Rate Chart (LOYAL-3-0004-RC) for calculating the proper rates for the coverage selected. Not all packages and riders are available in all states. Check your state's Application/Outline of Coverage.

LOYAL PROTECTION PLUS/MED SUPP COMBO SUBMISSION

Why Submit a Combo?

- When Loyal Protection Plus is purchased in conjunction with a Loyal Medicare Supplement Policy, applicable claims will be submitted automatically. Filing a paper claim may not be necessary!
- Both policies will be delivered to the client together and will be billed to the client together if paying via auto-pay. You must use the combo Protection Plus/Med Supp FaxApp Cover Sheet for both charges to appear together and to have the policies delivered together.
- You receive higher commissions!

How Does It Work?

An application with all supporting documents is faxed to **877-704-8186**. A case number is assigned and the application is processed. Your commission is generated the day after issue.

What Is The Procedure?

You simply complete the application and fax the following to **877-704-8186**.

- FaxApp Cover Sheet (*LOYAL-9-0003, found on AgentView*).
- Both Loyal Protection Plus and Loyal Medicare Supplement applications in numeric page order.
- Any state specific forms or replacement forms where applicable.
- Copy of the initial premium check if collected from the client at Point-of-Sale or a completed Electronic Funds Transfer (EFT) form. You must submit one or the other or the application cannot be processed.
- Medicare Supplement Open Enrollment and Guarantee Issue cases are not eligible for the FaxApp Program. You must mail the completed application with a check for first month's premium to the Imaging-New Business address below.

Instructions:

- Please set your fax machine to receive confirmation to show that your fax went through.
- You will receive a confirmation by email verifying that we have received the application. This confirmation will include the case number. To ensure a speedy confirmation make sure that the email we have for you on file is correct.

Premium:

- Agents are encouraged to utilize the EFT form to pay the first premium in lieu of collecting the initial premium from the applicant.
- If you collected initial premium from the applicant please indicate the case number on the check and mail the check stapled to the top of the FaxApp cover sheet to:

Imaging-New Business
P.O. Box 559015, Austin, TX 78755-9015

We must receive the premium within ten (10) days of receipt of the application. If it is not received within ten (10) days we will send you a letter stating that the money for the policy must be submitted immediately. If we do not receive the check after twenty (20) days, a letter will be sent stating the policy will be cancelled in five (5) days unless we receive payment for the issued policy. If we do not receive payment after twenty-five (25) days, a letter will be sent to you and the applicant stating the file has been closed and the policy has been cancelled due to non-payment of premium.

Questions? Please call the Agent Resource Line at 877-454-0923

LOYAL PROTECTION PLUS/MED SUPP FAXAPP COVER SHEET



Loyal Protection Plus with Medicare Supplement **New Business FaxApp**

Use this FaxApp Cover Sheet ONLY when submitting an applicant's **Loyal Protection Plus AND Medicare Supplement** application TOGETHER

To: Loyal American Life Insurance Company

Fax #: **877-704-8186**

AGENT'S INFORMATION (Must be Completed)

FROM:	
PHONE #:	FAX #:
WRITING #:	EMAIL:
DATE:	NUMBER OF PAGES: + cover

APPLICANT'S INFORMATION (Must be Completed)

NAME:	SS#:	<input type="checkbox"/> Check with Application <input type="checkbox"/> Auto-Pay
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This FaxApp cover sheet will ensure your client's policy for Loyal Protection Plus and their Med Supp policy are sent together.

PROCEDURES:

Simply complete the pair of applications and fax the following to **877-704-8186**:

- FaxApp Cover Sheet
- Both applications in numeric page order
- Any state specific or replacement forms where applicable
- **Copy of the initial premium check if collected from the client at Point-of-Sale or a completed Electronic Funds Transfer (EFT) Form. You must submit one or the other or the application cannot be processed.**
- **Medicare Supplement Open Enrollment and Guarantee Issue cases are not eligible for the FaxApp Program. You must mail the completed application with a check for first month's premium to the Imaging-New Business address below.**

INSTRUCTIONS:

- Please set your fax machine to receive confirmation to show that your fax went through
- You will receive a confirmation by email verifying that we have received the application. **This confirmation will include the case number.**

PREMIUM:

- Agents are encouraged to utilize the EFT Form to pay for the first premium in lieu of collecting the initial premium from the applicant.
- If you collected initial premium from the applicant **please indicate the case number on the check** and mail the check stapled to the top of the FaxApp cover sheet to:

Imaging-New Business
P.O. Box 559015, Austin, TX 78755-9015

We must receive the premium within 10 days of receipt of the application. If it is not received within 10 days we will send you a letter stating that the money for the policy must be submitted immediately. If we do not receive the check after 20 days, a letter will be sent stating the policy will be cancelled in 5 days unless we receive payment for the issued policy. **If we do not receive payment after 25 days, a letter will be sent to you and the applicant stating the file has been closed and the policy has been cancelled due to non-payment of premium.**

LOYAL-9-0003

3/2/11

General Information

AGENTVIEW

The Great American Supplemental Benefits Group AgentView website, <http://AgentView.gafri.com>, gives you the tools to effectively manage your business. Download applications, track your new business, view commission statements and much more!

When you create your account you will:

1. Fill out the Create an account section with your your Username and Password
2. Fill out the Personal information section with your Email address, First and Last name and Social Security Number (no dashes).
3. Fill out the Security information section by answer the four security questions.
4. And lastly fill out the Eligibility verification section with your Agent Number and Zip code.

Important Note: If you are registering a corporate tax ID number or agency please enter the last name and Social Security Number of the Principal and add “SYS” to the front of the writing number as indicated in the welcome letter.

If you still have questions contact the Agent Resource Line (877) 454-0923; option 2 then option 4 for further instructions.



On this new site you can find applications, track your new business and:

- Look up the phone number of your inforce policyholders
- Download Marketing Materials and New Business Forms
- Quote and submit new business electronically with the all new EXPRESS APP!
- Request a review and submit your advertising electronically
- Get agent training
- Choose your own username and password

If you have questions about specific AgentView pages, you can find a comprehensive guide at the top of almost every page. Look for the “Click here for help with the...” and you will find a walk through guide to show you all the details.

If you need assistance logging on to the website, you will find the Login Troubleshooter on the login page. If you still have questions please contact our Agent Resource Line at 877-454-0923.

LOYAL EXPRESS APP SOFTWARE

Loyal EXPRESS APP, a new way to do business. Your entire sale can even take place over the phone, saving you time & money. With this software you don't have to meet with the client, obtain a signature or collect a premium check! Loyal EXPRESS APP is proprietary software that sends the application directly into our work flow process for the fastest issue possible!

- 1. Download.** Log on to the agent secure website, AgentView (<http://AgentView.gafri.com>) and go to the EXPRESS APP page and click "Loyal Med Supp EXPRESS APP" and follow the instructions.
- 2. Install.** To install EXPRESS APP on your computer, double-click the installation icon. Then, launch the software. The first time you do so you will be asked to enter your agent information, including your agent number. If you have been appointed as a corporation, be sure to use your "SYS" number. The software will then prompt you to check for rate updates.
- 3. Quote.** You will need your client's DOB, height, weight and zip code. Input this info and you will have current annual, semi-annual, quarterly and monthly premiums for all available plans in your state within seconds!
Simply select the plan that best fits your client and you are ready to move on to the application!
- 4. Application.** After you have chosen a plan, click on the "Full Application" button at the bottom of the page. Once you input the name of your client, tabs will appear at the top of the software that contain the application portion. Fill out all information in the Personal, Eligibility, Certification, EFT and Acceptance tabs. You're almost done!

Not all states have the application function. Future enhancements are coming to include all states in the future. Please check the Product Availability Chart on the 'Product Resource Center' page for what's available in your state.

Note: There are multiple section tabs under the Eligibility and Acceptance tabs.

- 5. Submit.** After you have input all your client's information, take time to go over it once more with them. After you have verified all the information is correct, go to the "Acceptance" tab and then the "Final" tab and click "Accept".

If you missed entering any required information you will get an error that informs you what information is missing.

If all information is correct you will be prompted to submit the application right away or wait to submit at another time (*for example if you do not have an internet connection*). Once you submit, you and the applicant will receive a copy of the application, outline of coverage and the applicant will receive the "Guide to Health Insurance for People with Medicare" via email.

Note: Not applicable for Open Enrollment/Turning 65 or Guaranteed Issue applications.

For detailed instructions on how to download/install the Loyal EXPRESS APP software and complete instructions for use, log on to AgentView, click "Help" at the bottom of the page and click the "EXPRESS APP Guide" link.

FAXAPP PROGRAM

How Does It Work?

An application with all supporting documents is faxed to **877-704-8186**. A case number is assigned and the application is processed. Your commission is generated the day after issue.

What Is The Procedure?

You simply complete the application and fax the following to **877-704-8186**.

- FaxApp Cover Sheet (*GASBG-9-0033, found on AgentView*).
- Application in numeric page order.
- Any state specific forms or replacement forms where applicable.
- Copy of the initial premium check if collected from the client at Point-of-Sale or a void check so that we can draft for the initial premium. You must submit one or the other or the application cannot be processed.
- Medicare Supplement Open Enrollment and Guarantee Issue cases are not eligible for the FaxApp Program. You must mail the completed application with a check for first month's premium to the Imaging-New Business address below.

Instructions:

- For the fastest service send one (1) application per cover sheet and only one application per transmission. You may send up to five (5) applications with a single cover sheet per transmission. **However, do not exceed twenty-five (25) pages per transmission.** Simply complete the application and fax the following to **877-704-8186**.
- Please set your fax machine to receive confirmation to show that your fax went through.
- You will receive a confirmation by email verifying that we have received the application. This confirmation will include the case number. To ensure a speedy confirmation make sure that the email we have for you on file is correct.

Premium:

- Agents are encouraged to utilize the bank draft authorization to draft for the first premium in lieu of collecting the initial premium from the applicant.
- If you collected initial premium from the applicant please indicate the case number on the check and mail the check stapled to the top of the FaxApp cover sheet to:

Imaging-New Business
P.O. Box 559015, Austin, TX 78755-9015

We must receive the premium within ten (10) days of receipt of the application. If it is not received within ten (10) days we will send you a letter stating that the money for the policy must be submitted immediately. If we do not receive the check after twenty (20) days, a letter will be sent stating the policy will be cancelled in five (5) days unless we receive payment for the issued policy. **If we do not receive payment after twenty-five (25) days, a letter will be sent to you and the applicant stating the file has been closed and the policy has been cancelled due to non-payment of premium.**

Questions? Please call the Agent Resource Line at 877-454-0923

FAXAPP COVER SHEET



Supplemental Benefits Group

New Business FaxApp

To: Great American Supplemental Benefits Group

Fax #: **877-704-8186**

AGENT'S INFORMATION (Must be Completed)

FROM:	
PHONE #:	FAX #:
WRITING #:	EMAIL:
DATE:	NUMBER OF PAGES: + cover

APPLICANT'S INFORMATION (Must be Completed)

NAME:	SS#:	<input type="checkbox"/> CWA	<input type="checkbox"/> Draft
NAME:	SS#:	<input type="checkbox"/> CWA	<input type="checkbox"/> Draft
NAME:	SS#:	<input type="checkbox"/> CWA	<input type="checkbox"/> Draft
NAME:	SS#:	<input type="checkbox"/> CWA	<input type="checkbox"/> Draft
NAME:	SS#:	<input type="checkbox"/> CWA	<input type="checkbox"/> Draft

All applications submitted with a single cover sheet must be from the same writing agent.

Procedures:

For the fastest service send one application per cover sheet and only one application per transmission. You may send up to five applications with a single cover sheet per transmission. **However, do not exceed 25 pages per transmission.** Simply complete the application and fax the following to **877-704-8186**.

- FaxApp Cover Sheet
- Application in numeric page order
- Any state specific or replacement forms where applicable
- **Copy of the initial premium check if collected from the client at Point-of-Sale or a void check so that we can draft for the initial premium. You must submit one or the other or the application cannot be processed.**
- **Medicare Supplement Open Enrollment and Guarantee Issue cases are not eligible for the FaxApp Program. You must mail the completed application with a check for first month's premium to the Imaging-New Business address below.**

Instructions:

- Please set your fax machine to receive confirmation to show that your fax went through
- You will receive a confirmation by email verifying that we have received the application. **This confirmation will include the case number.**

Premium:

- Agents are encouraged to utilize the bank draft authorization to draft for the first premium in lieu of collecting the initial premium from the applicant.
- If you collected initial premium from the applicant **please indicate the case number on the check** and mail the check stapled to the top of the FaxApp cover sheet to:

Imaging-New Business
P.O. Box 559015, Austin, TX 78755-9015

We must receive the premium within 10 days of receipt of the application. If it is not received within 10 days we will send you a letter stating that the money for the policy must be submitted immediately. If we do not receive the check after 20 days, a letter will be sent stating the policy will be cancelled in 5 days unless we receive payment for the issued policy. **If we do not receive payment after 25 days, a letter will be sent to you and the applicant stating the file has been closed and the policy has been cancelled due to non-payment of premium.**

The Great American Supplemental Benefits Group Family of companies include:
Central Reserve Life, Continental General, Great American Life®, Loyal American Life®,
Provident American Life & Health and United Teacher Associates Insurance Companies

GASBG-9-0033

1/10/11

BUILD CHART

Height & Weight Guidelines

Applicants whose weight is outside the limits in the build chart are generally considered uninsurable.

FEMALE				MALE		
Min. Weight	Max. Weight for Preferred Plus Class*	Max. Weight for Other Classes	Height	Min. Weight	Max. Weight for Preferred Plus Class*	Max. Weight for Other Classes
77	145	158	4'6"	85	149	166
80	150	163	4'7"	88	155	172
83	155	169	4'8"	91	160	178
86	161	176	4'9"	95	166	185
89	166	181	4'10"	98	172	191
92	172	188	4'11"	101	178	198
95	179	195	5'0"	105	184	205
98	185	201	5'1"	108	191	212
101	191	208	5'2"	111	197	219
104	197	215	5'3"	114	203	226
108	203	221	5'4"	119	209	233
111	209	228	5'5"	122	216	240
115	216	236	5'6"	127	223	248
118	222	242	5'7"	130	229	255
122	229	250	5'8"	134	236	263
125	236	257	5'9"	138	244	271
129	243	265	5'10"	142	251	279
133	250	273	5'11"	146	258	287
136	257	280	6'0"	150	265	295
140	264	288	6'1"	154	272	303
144	272	296	6'2"	158	280	312
148	279	304	6'3"	163	288	320
152	287	313	6'4"	167	296	329
156	294	320	6'5"	172	303	337
160	301	329	6'6"	176	311	346
164	309	337	6'7"	180	319	355
168	317	346	6'8"	185	327	364
173	325	354	6'9"	190	335	373
177	334	364	6'10"	195	344	383
181	341	372	6'11"	199	352	392

Note: If the client's height is not included on the chart, please call Underwriting at 866-825-4822.

* Preferred Plus class rates are not available for Medicare Supplement in all states. Please check your state's Outline of Coverage for availability. Not Applicable to Loyal Protection Plus.

POINT-OF-SALE PHONE VERIFICATION

Phone Verification/Prescription Data Base Check

A PV interview and prescription data base check will be conducted on all Med Supp applicants outside an Open Enrollment or Guaranteed Issue period.

Faster Policy Issue and Faster Commissions with our Point-of-Sale Phone Verification Procedure!

The PV at the Point-of-Sale should be done while you are meeting with your client. The PV can be made with extended hours to better accommodate you in making the call at the Point-of-Sale. Having the ability to initiate this verification call at the Point-of-Sale helps speed processing and gets you paid your commissions faster!

Phone Verification Hours

Monday – Friday 8 a.m. to 6 p.m. Central time

Call the Phone Verification Hotline at: 866-825-4822 to initiate the PV process

Phone Verification Instructions:

- Make sure you have completely filled out the Med Supp application prior to calling our PV line. This includes going over the entire application and questions if conducting the sale over the phone and using our EXPRESS APP process. In some cases, there are conditions disclosed during the PV that should have resulted in a field decline if the agent had asked all of the questions on the application.
- You (*the agent*) may initiate the PV call; however, the applicant must personally answer all questions. If the PV call is not initiated at the time of sale, it is your responsibility to make arrangements for the applicant to call as soon as possible. If an application is taken outside the above hours, please have the applicant call the appropriate hotline the next business day.
- If the applicant completes the PV on their own, make sure they have:
 - The plan they have chosen and the proposed rate
 - A list of their prescription medications
- The phone verifier will confirm that the applicant received the following:
 - An Application
 - The “Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare” Guide
 - Outline of Coverage

The phone verification can not be conducted if the applicant does not have all the above information. The telephone verifier will follow an established script and will review the application questions with the applicant. The average length of call is fifteen (15) minutes. Usual and customary underwriting procedures will remain in place.

Remember: The PV is required before policy issue on all Med Supp applications. Make sure you are taking advantage of our Point-of-Sale PV procedure!

You should check AgentView regularly to review current status on any pending applications.

BANK DRAFT/AUTO-PAY PROCESSING INSTRUCTIONS

Multiple applications drawn from the same bank account by (*bank draft*) are not acceptable unless written on family members and when the children involved are age 25 or younger.

Checking Account Bank Draft/Auto-Pay

If the monthly (*bank draft/auto-pay*) method of payment is chosen from a checking account, complete the entire bank authorization section of the application, obtain the signature of the person who will assume financial responsibility for the policy, and attach a check for the first month's premium (*only if mailing the application*) and a voided check of the account that will be drafted. Deposit slips are not acceptable in lieu of a voided check. Please be sure to provide the bank routing number as well as the account number. We cannot process the application without this information.

Savings Account Bank Draft/Auto-Pay

If the monthly (*bank draft/auto-pay*) method of payment is chosen from a savings account, we must have proof of the account number written in the bank draft authorization section. You must send a deposit slip for verification of the account information. The applicant should obtain, from their bank, the appropriate routing number to draft from a savings account as the routing number listed on the savings account deposit slip may not be correct. Mark through the routing number on the deposit slip and write in the correct routing number for withdrawals as provided by the bank. We cannot process the application without this information.

For Checking Account:
Please include a VOIDED check with the application.

For Savings Account:
Please include a letter from the bank stating the account and routing number of the savings account.

VOIDED CHECK

0101

PAY TO THE ORDER OF _____ \$

_____ Dollars

The Routing number is 9 digits between the **⑆ ⑆** symbols.

The Account number is usually to the left of **⑆**. If check number is left of account number, ignore check number.

The Check number should match the upper right corner.

⑆ 123456789 ⑆

34567890 ⑆

0101

If submitting multiple applications please make sure that EACH application has the bank information completed and signed by the person responsible for payment. EACH application must also have a voided check for checking accounts or a deposit slip for a savings account attached.

Bank Draft/Auto-Pay Dates

The bank draft date can be different from the effective date. The draft can be set up for any day of the month between the 1st and 28th.

If no draft date is indicated on the application, the drafts will occur on the same day each month that corresponds with the requested effective date. For example, if the policy is effective on April 15th, the policy will draft each month on the 15th.

COMMISSIONS

View Commissions on AgentView

You can view all of your various commission information through our agent website, **AgentView** by clicking on *Agency Management > Commissions*. From here you can view commission statements, commission info by policy, commission summaries for Advance & Earned commissions and much more.

You can view Advance & Earned commission transactions during a specific pay cycle. You can run this Commission report for a given bi-weekly pay cycle by each of your insurance company agent numbers. Once you run the report, you will see a composite report of advance and earned commission transactions that are a part of your current, future or historical commission cycles. For current pay cycles, you will be able to see Advance transactions only. Earned transactions for current pay cycles are not currently available, but will be forthcoming in the future. On past pay cycles, there's an Earnings Summary that breaks down First Year vs Renewal earnings. Policies on both the Advances and Earnings tabs are linked into policy details which make it easy for you to find information about a particular policy.

To view commission reports on **AgentView** click on *Agency Management > Commissions*, then click on the Commissions Report link under the Related Links section -OR- click on *Agency Management > Reports > Commission Report*.

Where to find Commission Statements on AgentView

To view advance statements, click on *Agency Management > Commissions > Statement*. Search for Advance statements. When you search for Commission Statements (*advance or standard/earned*), you will be able to view the payment/direct deposit amount associated with that particular statement. Commission statements will be shown for an 18 month period.

Where to find Commission Info by Policy on AgentView

AgentView will be able to show you all of your commission information. Click on *Agency Management > Commissions* and you will find tabs for commission summary, policy search and statement search. You can find all commission statements for any policy by using the 'Policy Search' function on the Commissions page. Simply enter the policy number and each commission statement with that policy number will be displayed for easy viewing. **If you have any questions about viewing your commission statements you can contact our Agent Resource Line at 877-454-0923; option 2 then 3.**

Important Commission Information

If approved by your upline and the company, advance commissions may be available. Advance commissions on newly issued business will be credited to your account on a daily basis. Advances are paid via direct deposit into the agent's account we have on file for that agent. We will only advance commissions when the initial premium is paid via bank draft/EFT or the client's personal pre-printed check. We will not advance commissions for business written on family members.

Earned first year and renewal commissions are credited to your account on a bi-weekly basis. You can find the schedule for Bi-Weekly Commission statements on **AgentView** in the 'Commissions' link under *Agency Management > Commissions*.

Advances are paid in increments of six, nine or twelve months. Interest is charged on all secured advance balances from inception until they are paid off. An advance balance for an in force policy ("*secured advance balance*") is paid off by commission earned on that specific policy. Once the advance balance is paid off, future earned commissions are payable to the agent. If the policy advance balance becomes unsecured (*the policy lapses, etc. then the advance balance record is changed to an unsecured advance balance*). These unsecured balances are paid off by holding 100% of all commissions payable (*new advances as well as earned first or renewal commissions*) until recovered. GASBG reports only earned commissions as taxable amounts on agent 1099's.

If you have any questions about your commissions you can contact our Commissions department at 800-633-6752; option 2 and then 3.

DELIVERY RECEIPTS *(in states where required)*

For policies that are hand-delivered by the agent to the policyholder:

- The agent should explain all the provisions and benefits to the policyholder, and once completed, the delivery receipts should be signed and dated by the policyholder and the agent.
- One copy should be returned to the administrative office. The agent should keep a copy for his or her records.
- The agent should deliver policies within seven days of receipt.
- Failure to submit the delivery receipt back to the administrative office will not result in the cancellation of the policy. In some states this receipt is intended to protect the agent with proof of delivery. In other states the receipt is required.

Declined Applications

If a client's circumstances fall outside of our limits of insurability, he or she will be notified of the decline in the form of a letter. This letter will identify the specific reasons for the decline. This letter is mailed to the applicant and agent.

Incomplete Applications

If there is insufficient information on the application or the PV has not been completed we will contact the agent during the application process to obtain information. If the information is not received within thirty (30) calendar days, the application is terminated as incomplete and a letter sent to the agent. Any refund of premium will be returned to applicant.

Applications with Premium Shortages

Applications submitted with premium shortages will be processed within the following guidelines:

PREMIUM SHORTAGE	GUIDELINES
Up to \$10.00	Policy will be issued with shortage amount taken from agent's commissions (in this case the agent is expected to collect shortage amount from client) or via bank draft.
\$10.01 or more	Policy will be issued with a coupon which is a requirement of additional premium due. Notification of this action will be mailed with the policy to the agent. If the additional premium is not received within forty-five (45) days, the policy will be terminated and the initial premium refunded to applicant.

REINSTATEMENTS

When a policy lapses, a new application is required for reinstatement of the policy. The application should indicate "reinstatement" at the top portion and needs to be completed including the entire medical history portion, signed, dated and then returned to the Underwriting Department at the address indicated below. The application must be received within thirty (30) days of the signed date on the form. *Please note that a lapsed policy is subject to the current underwriting guidelines.*

If the policy is approved for reinstatement, the policy will be reinstated with the same policy number. A letter will be sent out from Client Services stating that the reinstatement has been approved and indicating the amount of premium due. Do not submit monies with the completed application.

If the reinstatement is declined, a letter will be sent from Underwriting to the policyholder with the reason(s) why the policy was not reinstated.

Contact the Client Services Department at 800-633-6752 or submit request for reinstatement and completed applications to:

Loyal American Life Insurance Company
P. O. Box 26580 | Austin, TX 78755-0580
Fax: 888-670-0146 | Email: ClientServicesGASB@gafri.com

CUSTOMER AND AGENT SERVICES

Advertising Review and Approval

Materials used to advertise Loyal American Life Insurance Company products must be approved by our Compliance and Marketing Departments before they are used. Anything intended to generate public interest in an insurance product, company or agent is considered to be advertising. There are two ways to receive approval of your personal advertising:

1. If you have created an advertisement submit a copy of the ad for prior approval by completing an Advertising Material Review Request Form (*GASBG-9-0019, found on AgentView*). You can also obtain this form and complete advertising guidelines on **AgentView** under *Business Building > Creating Ads*.
2. If you are interested in one of our pre-approved advertising materials you can refer to the GASBG Prospecting Portfolio for a variety of advertisements for various products. The GASBG Prospecting Portfolio can also be found on **AgentView** under *Business Building > Creating Ads*.

Once you submit/select your advertisement:

- Allow a minimum of five (5) business days for the Compliance Department to review the advertisement.
- Loyal American Life Insurance Company will contact the agent with approval of the advertisement or notification of changes that must be made to comply with advertising policy and regulations. Please note that many advertising pieces will also require approval by the applicable state department of insurance.
- In order for any previously disapproved advertising material to be considered further, it must be resubmitted to the Home Office with all of the necessary revisions.
- Once an advertising piece is approved, the Compliance Department will assign an advertisement Form Number, which must be included in the advertisement. This approval is good for a period of six months. Any subsequent use of the advertisement after this period must be resubmitted for approval.

For more information about Loyal American Life Insurance Company's advertising policy, please call our Compliance Department at 800-633-6752 ext. 4794.

Additional Reference Tools

The website for the Medicare program, www.medicare.gov, contains a great deal of information regarding the program. It also contains the most popular publications listed below. You can view, print or order publications online or by calling 1-800-MEDICARE (800-633-4227). Some of these publications can also be printed from the website.

- Medicare & You
- Choosing A Medigap Policy: A Guide to Health Insurance for People with Medicare
- Your Medicare Benefits

Many other publications have valuable information. For example, The National Underwriter Company annually updates All About Medicare, its guide to the program.

Agent Notices

Many email communications and Agent Notices are sent on a weekly basis to give you the most up to date information. A current and correct email address is vital to receive Agent Notices as well as obtain email confirmations when you submit business to us. To update your email address and other contact information contact the Licensing Department at Licensing@gasbins.com.

CONTACT LIST

We value you as an agent with Loyal. Your business is very important to us and we strive to make doing business with us as easy as possible. Your first point of contact for any questions you may have should be your recruiter/upline. You can also contact the numbers and or email addresses listed below for ongoing matters.

Agent Resource Line	877-454-0923	
Phone Verification Hotline	866-825-4822	NewBusinessGASB@gafri.com
Supply Warehouse	800-397-9240	AustinSupplies@gafri.com

To reach any of the following departments, call: **800-633-6752**; **select option 2** and then select the appropriate option from the menu.

New Business/Pending Business	Option 1	NewBusinessGASB@gafri.com
Underwriting	Option 2	NewBusinessGASB@gafri.com
Commissions	Option 3	AustinCommissions@gafri.com
Licensing & Website Registration	Option 4	Licensing@gasbins.com
Website Log-in Assistance	Option 5	AccountService@gafri.com
Product Availability	Option 6	AustinAgentMarketing@gafri.com
Client Services	Option 7	ClientServicesGASB@gafri.com

Fax Numbers

New Business Requirements	513-564-3409
FaxApp Submission	877-704-8186
Client Services / Premium Accounting	888-670-0146
Medicare Supplement Claims	888-670-0137
Supplies	888-417-8267
Commissions	513-564-3492
Licensing	888-832-4154

Addresses

New Business / Imaging
P.O. Box 559015
Austin, TX 78755-9015

Client Services

P.O. Box 26580
Austin, TX 78755-0580
Fax: 888-670-0146
Email: ClientServicesGASB@gafri.com

Overnight and Express Mail

Loyal American Life Insurance Company
11200 Lakeline Blvd, Suite 100
Austin, TX 78717

ABOUT LOYAL AMERICAN LIFE INSURANCE COMPANY

Our mission is to provide specialty health insurance, marketed through agents, designed to meet the needs of senior Americans. We strive to develop innovative products and quality services for our customers.

Since 1955, Loyal American Life Insurance Company has been marketing insurance products for the needs of seniors. We have featured Medicare Supplement Insurance Plans since 2005 and offer a wide selection to help you choose the plan that works best for you.

At Loyal, our goal is to make our customers our number one priority. We are committed to providing exceptional service to all our customers every day.

Loyal American
Life Insurance Company®



Great American Supplemental Benefits Group of companies include:

Central Reserve Life Insurance Company
Great American Life Insurance Company®
United Teacher Associates Insurance Company

Continental General Insurance Company
Loyal American Life Insurance Company®
Provident American Life & Health Insurance Company

P.O. Box 26580, Austin, TX 78755-0580