## IDAHO APPENDIX A

## **Sample Consumer Questionnaire**

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare supplement plans. Please include a copy of the notice from your prior insurer with your application.

## PLEASE ANSWER ALL QUESTIONS.

## To the best of your knowledge:

- 1. Did you turn 65 in the last six (6) months?
- 2. Did you enroll in Medicare Part B in the last six (6) months?
- **a.** If so, what is the effective date?
- **3.** Are you covered for medical assistance through the state Medicaid program? NOTE TO APPLICANT; If you are participating in a "Spend-Down Program and have not met your "Share of Cost," please answer NO to this question.
  - **4.** Will Medicaid pay your premiums for this Medicare supplement policy?
- **5.** Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium?
- 6. If you had coverage from any Medicare plan other than original Medicare within the past sixty-three (63) days (for example, a Medicare Advantage Plan, or a Medicare HMO or PPO), fill in your start and end dates below. If you are still covered under this plan, leave "END" blank.
- 7. If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare supplement policy?
  - **8.** Was this your first time in this type of Medicare plan?
  - **9.** Did you drop a Medicare supplement policy to enroll in the Medicare plan?
  - **10.** Do you have another Medicare supplement policy in force?
  - **a.** If so, with what company and what plan do you have?
  - **b.** If so, so you intend to replace your current Medicare supplement policy with this policy?
  - 11. Have you had coverage under any other health insurance within the past sixty-three (63) days?
  - **a.** If so, with what company and what kind of policy?
  - **b.** What are your dates of coverage under the other policy?