



OXFORD[®]
LIFE INSURANCE COMPANY



Medicare Supplement Producer Guide

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This is a commercial message from Oxford Life Insurance Company, a private insurance company which is not an agency of Social Security, Medicare, or any other governmental agency. This advertisement is to be used as a source for inquiries in an insurance solicitation. For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, write to the company.



KEY CONTACT INFORMATION

Marketing Department	800-308-2318
Email: marketing@oxfordlife.com	
Operations Department	877-469-3073
Policyholder Services Department	877-469-3073
Email: medicaresupplementphs@oxfordlife.com (Option 4)	
Claims Customer Service	877-469-3073
(Option 6)	
Premium Inquiries	877-469-3073
Email: marketing@oxfordlife.com (Option 5)	
Contracting and Commissions Department	800-308-2318
Email: contracting@oxfordlife.com	
POSTAP Interview Specialist	888-330-2006
Supply Specialists	800-308-2318
Email: supplies@oxfordlife.com (Ext. 670147)	
Fax # for New Business	1-888-5FAXAPP
Fax # for Claims, Commissions, PHS Department	608-662-1220
Fax # for Supplies	602-277-5901
Producer Support Site	www.oxfordlife.com [®]
Click on "Producer Login"	
Policyholder Portal	www.oxfordlife.com
Click on "Policyholder Portal"	
Medicare Supplement Service Center	Oxford Life Insurance Company [®]
New Business, Claims, Commissions, Premium Processing, PHS Department	
PO Box 46518	
Madison, WI 53744-6518	
Mailing Address for Supplies	Oxford Life Insurance Company
2721 North Central Avenue	
Phoenix, AZ 85004	

DOING BUSINESS WITH OXFORD LIFE INSURANCE COMPANY®

Welcome to Oxford Life Insurance Company (“Oxford Life”)! We are proud to have you as a part of our highly respected sales force. We are confident you and your clients will find significant value from our products and service. This guide is designed to help clarify how we do business and what is expected from you as an Oxford Life® Producer. With over 40 years of experience in the industry, our company remains fully committed to those we serve by ensuring quality service and valuable products.

About Oxford Life Insurance Company

Oxford Life is focused on providing the senior market with quality and affordable insurance solutions that enable them to reach financial security and live with dignity during their retirement years. Our company offers Medicare supplement, life insurance and annuities.

Oxford Life is a member of AMERCO¹, a publicly traded financial holding network. The success of Oxford Life and our subsidiaries, Christian Fidelity Life Insurance Company®, Dallas General Life Insurance Company™ and North American Insurance Company™, lies in our long-term commitment to stability, growth, and outstanding customer service.

To learn more about Oxford Life visit our website at www.oxfordlife.com.

Committed to providing you and your clients superior service, all Medicare supplement applications are underwritten at the point-of-sale using our POSTAP telephone approval process.

Selling points when presenting our Medicare supplement products include:

- Electronic Application (e-App) – fill out and submit applications online
- Telephone Sales – face-to-face meeting not required, sales can be completed over the telephone
- Point-of-Sale Telephone Approval Process (POSTAP) – provides an immediate underwriting decision and obtains voice signature authorizations
- 12-Month Premium Rate Guarantee – rate changes only occur on the policy anniversary
- Financially Stable - \$136.40 in assets²
- Less Than 2-Day Turnaround – on 99% of all claims
- Competitive Premiums

The information in this guide may be modified to reflect current company procedures. Notification of rate and procedure changes will be timely and are communicated through bulletins and newsletters. Producer bulletins and monthly newsletters are available to you on the Producer Support Site.

In general, this guide is not intended to address individual state requirements. As an insurance professional, it is your responsibility to adhere to all federal and state laws when soliciting business.

¹-AMERCO's other significant holdings include U-Haul International Inc. and Republic Western Insurance Company.

²-Assets for each \$100 of liabilities as of December 31, 2009.

Health Insurance Portability and Accountability Act (HIPAA)

You are required to adhere to all current and applicable policies and standards of HIPAA as stated in your contract with Oxford Life®. Failure to adhere to the HIPAA provisions or other policies or standards of conduct may result in losing your appointment to sell for our company.

Producer Support

For contracting and licensing assistance, please contact the Contracting Department at **800-308-2318**.

For policy related inquiries, please contact our Policyholder Services Department at **877-469-3073, option 4**.

For questions pertaining to commissions and premiums, please contact our Regional Directors at **800-308-2318**.

When initiating the point-of-sale telephone interview, please contact an Interview Specialist at **888-330-2006**.

To order supplies and sales materials (forms, applications, brochures), please contact our Supply Specialists at **800-308-2318, ext 670147**. You may also print sales materials or submit a supply request form on the Producer Support Site at **www.oxfordlife.com**.

Medicare and Medicare Supplement Insurance

The U.S. Department of Health and Human Services and the Centers for Medicare and Medicaid Services (CMS) oversee the Medicare program. In the original Medicare program, there were 10 standardized Medicare supplement insurance plans. Effective June 1, 2010, the Medicare program now offers 10 modernized plans plus 1 high deductible modernized plan. These “fee-for-service” plans are often referred to as “Medigap” policies. Some states (MN, WI and MA) offer state-specific modernized plans.

As a licensed producer, you are responsible for knowing the features and benefits of the Medicare program and Medigap policies, as well as the individual laws for the states in which you are authorized to sell Medicare supplement insurance. This includes knowing:

- Who is eligible for Medicare?
- When is a Medicare Beneficiary’s Open Enrollment period?
- What is a Medicare Advantage plan versus the original Medicare plan?
- What are Medicare’s current deductibles and co-payments?
- What are the Medigap protections and related Guaranteed Issue periods?

For more information on the Medicare program, visit the official government website at **www.medicare.gov**.

Important: Oxford Life does not offer all 11 modernized plans and plans vary by state. Refer to the Outline of Coverage to determine which plans are available in your state.

Medicare Supplement Eligibility

Applicants are eligible for Medicare supplement insurance if they are age 65 and older, and enrolled in Medicare Parts A and B. Plans are available to those under the age of 65 during a Guaranteed Issue or Open Enrollment period as required by state law.

Open Enrollment - Individuals have a one-time, six-month period where they can purchase any Medicare supplement plan sold in their state. This period begins the first of the month in which they are first enrolled in Medicare Part B. During this time, they cannot be denied coverage. In these circumstances, the applicant does not need to complete the health questions on the application.

Guaranteed Issue - Individuals may be eligible for Guaranteed Issue of a Medicare supplement policy if the applicant can answer “yes” to any of the questions in Section D of the application. In these circumstances, the applicant does not need to complete the health questions on the application.

Website

Oxford Life’s website address is **www.oxfordlife.com**, and is divided into three primary sections of interest, the Public Site, Policyholder Portal and the Producer Support Site.

Public Site – This section of the website is designed to help prospective clients learn more about our insurance products.

Policyholder Portal – This portion of the website allows policyholders to view their policy information, policy values, paid-to-dates and request change forms. To gain entrance into the Policyholder Portal, policyholders must create a user account by:

- Log on to **www.oxfordlife.com**
- Click on “Policyholder Portal”
- Click on “Register” and enter in the requested information
- Click “Submit”

Producer Support Site – This section of the site allows you to manage your business and access a variety of sales tools. Sales tools that are available to you include: a list of your clients and their policy information, electronic forms (including the Medicare supplement e-App), state license renewal information, appointment status, available lead programs, commission statements and more.

THE APPLICATION PROCESS

Oxford Life® has implemented a quick, easy-to-use method for completing Medicare supplement applications that allows flexibility in selecting the method you wish to submit applications to our Medicare Supplement Service Center.

Highlights of the application process:

Simplified Approval Process

- Applicants eligible for **Guaranteed Issue or Open Enrollment** do not need to complete Part Two of the application.
- For **underwritten** applications:
 - **Medical exams or blood work are not required.**
 - **No delays** waiting for an underwriter to review the case. All Medicare supplement applications are underwritten during the point-of-sale telephone approval process (POSTAP).
 - Applicants who **exceed the height and weight** acceptable range* for this product will **not qualify** for coverage.
 - Applicants who can answer “**no**” to all questions in **Part Two** of the application will **qualify** for coverage.
 - Applicants who answer “**yes**” to any questions in **Part Two – Section A** of the application will **not qualify** for coverage.
 - Applicants who answer “**no**” to all questions in **Part Two – Section A** of the application, but answer “yes” to any questions in **Part Two – Section B**, will be required to provide **additional information** during the POSTAP telephone interview.
 - **An underwriting decision will be disclosed during the POSTAP telephone interview.** If the application is approved, Oxford Life will assign a policy number and issue the policy within 2 business days of receiving the application.

***Important:** Oxford Life Insurance Company® does not publish a height and weight chart. This information is evaluated during the telephone interview and neither Oxford Life nor an Interview Specialist can prescreen for this requirement. Oxford Life’s height and weight chart requirements are comparable to other Medicare supplement companies in the market.

Obtaining the Applicant’s Information

The applicant must personally provide their information and answer all the questions on the application. You may select one of the following methods to complete the application with the applicant:

- Face-to-Face
- Over the Telephone

Submitting Applications

You may select several ways to submit the application to our Medicare Supplement Service Center:

- Mail
- Fax
- Email
- Online Electronic Application (e-App)

Documents the Applicant Must Receive During the Application Process

To adhere with federal and state laws, at the beginning of the presentation, it is your responsibility to supply the applicant with a copy of both the:

- Guide to Health Insurance for People with Medicare; and
- Outline of Coverage

How to Supply Documents for Applications Completed Over the Telephone

- **If the applicant does not have an email address or internet access**, it is your responsibility to directly mail the required documents to the applicant 3 days prior to your scheduled telephone call.
- **If the applicant has a valid email address**, you may email the documents to the applicant. If you are submitting an e-App, the applicant will **automatically receive an email** directing them to the required documents once you enter in the email address.
- **If the applicant has internet access, but does not have an email address**, you may direct them to our website at www.oxfordlife.com/medsup, to view the required documents.

Application Fee

There is a one-time application fee of \$15.00 that must be collected along with the applicant's first premium.

How to Access the Electronic Application (e-App)

- Go to www.oxfordlife.com
- Click on "Producer Login" and enter your username and password
- Go to "Producer Support"
- Click on "Online Applications"
- Click on "Medicare Supplement Application"

POSTAP TELEPHONE APPROVAL PROCESS

What is POSTAP?

POSTAP is a point-of-sale telephone approval process implemented by Oxford Life® to verify the applicant's information, underwrite and approve the application, and obtain voice signature authorizations within a few minutes.

How Does POSTAP Work?

POSTAP requires you and the applicant to call an Interview Specialist to verify the information on the application and provide your voice signature authorizations. If the application is approved, Oxford Life will assign a policy number and issue the policy within 2 business days of receiving the application.

When is POSTAP Required?

- Underwritten applications
- Open Enrollment or Guaranteed Issue applications missing the applicant's "ink" signature

APPLICATION ELIGIBILITY	METHOD OF APPLICATION	METHOD OF SUBMITTING APP	CALL INTERVIEW SPECIALISTS FOR POSTAP (Y/N)
OE/GI	Face-to-Face	Fax/Mail	N
OE/GI	Face-to-Face	Online	Y
OE/GI	Telephone	Fax/Mail	Y
OE/GI	Telephone	Online	Y
Underwritten	Face-to-Face	Fax/Mail	Y
Underwritten	Face-to-Face	Online	Y
Underwritten	Telephone	Fax/Mail	Y
Underwritten	Telephone	Online	Y

Voice Signature Authorization and Recording of All Calls

POSTAP requires voice signature authorizations to complete the application process. The telephone call with an Interview Specialist will be recorded for quality and authentication purposes.

At the beginning of the call, both you and the applicant are made aware that the call is being recorded and the applicant's consent must be communicated to proceed with the call. At the end of the telephone interview, the applicant will be asked for oral consent to final disclosures and to state their first and last name, which will serve as the applicant's voice signature authorization.

POSTAP Hours of Operation (Central Standard Time)

Monday – Thursday	8:00 a.m. to 9:30 p.m.
Friday	8:00 a.m. to 5:00 p.m.
Saturday, Sunday & After Hours	24-Hour Voicemail

Telephone Interview Procedures

• Applications completed **FACE-TO-FACE** with the applicant

- Call **888-330-2006** from the applicant's home and provide the Interview Specialist with Oxford Life's name and your name. Be sure to advise the Interview Specialist if the applicant does not speak English, so that a translator can be brought on to the call.
- The Interview Specialist will obtain your authorization to record the interview and confirm the applicant's information in Part One of the application.
- The Interview Specialist will speak with the applicant to confirm the answers to the health questions and obtain their voice signature authorization.
- The Interview Specialist will speak with you again and provide the final underwriting decision.
- Submit the application and any other required forms to our Medicare Supplement Service Center. If the applicant wishes to have premiums deducted from a bank account, including the first premium payment, make sure the Electronic Funds Transfer Authorization (EFT) form is complete and signed.

• Applications completed **OVER THE TELEPHONE** with the applicant

- Since you are not physically with the applicant, the interview can be completed in one of the following ways:
 - Keep the applicant on the telephone and **make a three-way call** with an Interview Specialist.
 - If you **do not have three-way calling** capabilities, advise the applicant that an Interview Specialist will call them shortly to complete the application process. End the call with the applicant and immediately call **888-330-2006**.
- Provide the Interview Specialist with Oxford Life's name and your name. Be sure to advise the Interview Specialist if the applicant does not speak English, so that a translator can be brought on to the call.
- The Interview Specialist will obtain your authorization to record the interview and confirm the applicant's information in Part One of the application.
 - **If it is a three-way call**, the Interview Specialist will ask to speak with the applicant.
 - **If it is not a three-way call**, the Interview Specialist will end the call with you and immediately call the applicant.
- For **Open Enrollment or Guaranteed Issue** cases, the Interview Specialist will speak with the applicant to confirm the information on the application and obtain their voice signature authorization.
- For **underwritten** cases, the Interview Specialist will speak with the applicant to confirm their answers to the health questions and obtain their voice signature authorization.
 - **If it is a three-way call**, the Interview Specialist will speak with you and provide the final underwriting decision.
 - **If it is not a three-way call**, the Interview Specialist will end the call with the applicant and immediately call you with the final underwriting decision.
- Submit the application and any other required forms to our Medicare Supplement Service Center. If the applicant wishes to have premiums deducted from a bank account, including the first premium payment, make sure the EFT form is complete and signed.

Unable to Conduct the Telephone Interview at the Point-of-Sale

If you are unable to complete the telephone interview at the point-of-sale, leave a message in the 24-hour voice mailbox. Be sure to include the applicant's name, telephone number and primary spoken language if it is not English. An Interview Specialist will call back on the following business day to complete the interview with the applicant. The Interview Specialist will notify you once the interview is completed and will provide you with the underwriting decision.

Applications Written After Business Hours

If an application is written after business hours, leave a message in the 24-hour voice mailbox. Be sure to include the applicant's name, telephone number and primary spoken language if it is not English. An Interview Specialist will call back on the following business day to complete the interview with the applicant. The Interview Specialist will notify you once the interview is completed and will provide you with the underwriting decision.

PRODUCER COMPENSATION

Commissions are paid according to your commission schedule and Contract after the policy is issued and the first premium has been drafted. Commissions are paid daily by direct deposit and are issued based on modal premium. To begin receiving commissions, submit the Electronic Funds Transfer Authorization (EFT) form and a voided check to our Policyholders Services Department. To change bank information, you must submit a written request along with a new EFT form and voided check. Your daily and monthly commission statements are available at the Producer Support Site at www.oxfordlife.com.

First Year Commissions

First year commissions are paid on the first commission cycle after the policy is issued. The commission paid is based on modal premium. Renewal commissions will be paid on the commission statement following the date premium is applied to the policy.

Terminated Policies

In the event that a policy is terminated after commissions have been paid for that premium period, a pro-rated “charge back” commission will be reflected on your commission statement.

Increased/Decreased Coverage

If the applicant requests a plan change to reduce coverage and premium on a current policy, commissions will be calculated on the basis of your current commission percentage, new policy premium amount and remaining commission term from the original policy.

If the applicant requests a plan change to increase coverage, a new application must be submitted and is subject to underwriting. If the application is approved, you will receive commissions as described for the new policy.

Commission Splits

Commissions can be split between you and only one other producer. Requests to split commissions must be made at the time the application is submitted. If one more producer is involved in the sale, you must list their name, producer identification number and the commission percentage to be paid on the Miscellaneous Notes section in Part Four of the application. Unless indicated differently on the application, the producer listed first will be considered the “producer of record.”

The producer who interviewed the applicant, and/or who witnessed the applicant’s signature, must sign the application. Both you and the other producer involved in the sale must be appointed with Oxford Life at the time the application is completed. You must clearly indicate on the Miscellaneous Notes section, the percentage of commission the other producer is to be paid. The total percentage must equal 100%. Requests to split commissions after the policy has been issued will not be honored.

Internal Replacement Sales

Commissions paid on internal replacements are based on the new policy premium at the same point-in-time and commission rate as the replaced policy, subject to the service fee step-down.

Access Commission Statements Online

Daily and monthly commission statements are available on the Producer Support Site at www.oxfordlife.com:

- Go to “My Business”
- Click on “Commissions”

NEW BUSINESS PROCEDURES

Our Medicare Supplement Service Center processes new business for Medicare supplement policies.

Policy Issue Service Standards and Delivery Requirements

Policies are issued within 2 business days from the time the application is received in our Medicare Supplement Service Center. The initial premium check will be deposited at the time the policy is issued, regardless of the policy effective date. If the policyholder has requested to draft the first premium, we will draft on the policy issue date, unless a future draft date is requested, in which case, your commission will be delayed until the draft is processed. The policy and identification card are delivered to the party indicated on the application. The identification card contains the applicant's name, address, policy number, policy effective date and plan they have selected.

Policy Effective Date

The effective date cannot be prior to the date the application is completed and signed by the applicant and cannot be more than 90 days from the signed application date.

Policy Replacement

Applicants should terminate their present policy or Medicare Advantage coverage only if, after due consideration and acceptance by the replacing issuer, they find that the purchase of this Medicare supplement coverage is a wise decision. All internal and external replacements will require the applicant to complete a new application and will be subject to the application process.

Important: Oxford Life® does not condone nor encourage policy replacement of other company's policies unless it is in the best interest of the consumer (e.g. lower premium or enhanced benefits).

When are Internal Replacements Acceptable

Internal replacements are acceptable when the policyholder indicates their intent to lapse a current affiliated company Medicare supplement policy. You may not proactively advertise other Medicare supplement plans to the policyholder without first receiving notification from them. All replacement policies are subject to underwriting, excluding Open Enrollment and Guaranteed Issue cases.

Two Primary Types of Internal Replacements

Affiliated Companies Internal Replacement

Policyholders may surrender their current Medicare supplement plan in order to buy another Medicare supplement plan that is issued by an insurer within the same family of companies (Oxford Life, Christian Fidelity, Dallas General, and North American).

Upgrade / Downgrade Internal Replacement

Policyholders may surrender their current Medicare supplement plan in order to buy another Medicare supplement plan offered by Oxford Life, including moving from a "standardized" plan to a "modernized" plan. Applicants will be subject to underwriting.

Policyholders in the state of Missouri may switch to a plan with the same letter as their current plan (e.g. move from Plan "F" to "F" or Plan "C" to "C") within 30 days of their annual policy anniversary on a Guaranteed Issue basis, regardless if it is a "standardized" or "modernized" and will not be subject to underwriting.

Underwriting Requirements for Internal Replacements

Internal replacements will be subject to underwriting, absent any state or federal law requiring otherwise. You are required to complete all of the same forms that you would complete for a new application.

Documents Required to Remain With the Applicant

- Outline of Coverage
- Guide to Health Insurance for People with Medicare
- Notice to Applicant Regarding Replacement of Medicare Supplement Insurance (if applicable)
- Conditional Receipt

Billing Frequency and Payment Methods

Applicants may select any of the following payment options:

- Monthly – premium drafted from bank account
- Quarterly – premium drafted from bank account or mail check directly to Oxford Life
- Semi-Annual – premium drafted from bank account or mail check directly to Oxford Life
- Annual – premium drafted from bank account or mail check directly to Oxford Life

Forms of Payment

- Do not send cash or partial premiums
- Premium checks that are postdated or backdated by more than six months, or improperly endorsed, cannot be processed
- Premium checks must be made out to “Oxford Life Insurance Company”
- Personal checks written by you on behalf of the applicant will not be accepted

Drafting Premium

- If outstanding requirements are not received on a timely basis, Oxford Life® will not draft for the initial premium
- Drafting is not available on the 29th, 30th or 31st of any month
- If the applicant requests a specific draft date, please indicate this information on the Electronic Funds Transfer Authorization (EFT) form
- The draft date and the policy effective date will always be the same, unless otherwise indicated
- If no specific draft date is requested, the first draft will be submitted the day the application is approved and issued
- You will not be paid commission until the first premium is drafted
- Oxford Life will draft from a checking or savings account as follows:
 - Checking Account – must include voided check and completed EFT form
 - Savings Account – must include pre-printed deposit slip and completed EFT form

Submission of New Business

You may select several ways to submit applications to our Medicare Supplement Service Center:

- Electronically on the Producer Support Site at: **www.oxfordlife.com**
- Faxed to: **1-888-5FAXAPP**
- Emailed to: **medicaresupplement@oxfordlife.com**
- Mailed to: **Oxford Life Insurance Company**
Attn: New Business
PO Box 46518
Madison, WI 53744-6518

Application Status

For questions regarding the status of an application, please contact our Policyholder Services Department at **877-469-3073, option 4.**

Checklist for Submitting New Medicare Supplement Business

Before submitting new business, please review the application to ensure all areas are complete. If information is missing our Policyholder Services Department will attempt to contact you. These small steps can help avoid policy issue delays:

1. The application is complete and has been signed by you and the applicant (voice signature authorizations are equivalent to an “ink” signature)
2. If the applicant chooses to mail premium to Oxford Life®, they have given you the initial premium to submit along with the application
3. If the applicant selects to have future payments deducted from a bank account, they have completed the Electronic Funds Transfer Authorization (EFT) form and have given you a voided check to submit along with the application
4. If the applicant is replacing their current Medicare supplement policy, they have completed the Notice to Applicant Regarding Replacement of Medicare Supplement Insurance form

Important: The white copy should be submitted with the application and the yellow copy should be left with the applicant.

5. If the applicant is eligible for Guaranteed Issue, submit documentation of disenrollment, termination of coverage or change in service area notification from another carrier or group plan
6. The applicant has answered the tobacco question in Part 1- Section A of the application

POLICYHOLDER SERVICES

Policy information can be accessed online through the Policyholder Portal and Producer Support Site at www.oxfordlife.com. You may also contact our Policyholder Services Department for questions regarding a policy. Common inquiries include:

- Plan type purchased and coverage details
- Premium amount owed and due dates
- Modifying contact information
- Changing payment method or frequency

Modifying Policy Information

To modify information originally recorded on an application, the policyholder or person with authorized consent must submit a written and signed request to our Policyholder Services Department, indicating the changes. Modifications may include:

Policy Cancellation

Policyholders may cancel their existing policy at any time. Cancellation requests will be effective on the date the written and signed request is received in our Medicare Supplement Service Center. We will not cancel a policy on a date prior to the original receipt of the request.

Payment Mode

A request to change to a more frequent premium mode is always acceptable. Changing to a less frequent mode will require sufficient premiums to keep the policy's paid-to-date on the policy anniversary.

Duplicate Policy and Identification Card

Please allow 7 to 10 days from the date the written and signed request is received in our Medicare Supplement Service Center to the date the policyholder receives the duplicate policy and/or replacement identification card is/are received. Temporary identification cards are available on the Policyholder Portal at www.oxfordlife.com.

Submitting Requests to Change Policy Information

Requests to change current policy information must be submitted to our Policyholder Services Department. Policyholders and individuals with authorized consent may select several ways to submit requests:

- Emailed to: **medicaresupplementphs@oxfordlife.com**
- Faxed to: **608-662-1220**
- Mailed to: **Oxford Life Insurance Company®**
Attn: Policyholder Services
PO Box 46518
Madison, WI 53744-6518

Free Look Period

If the policyholder is not satisfied with the policy for any reason, it may be returned to the Medicare Supplement Service Center or to the producer through whom it was purchased, within 30 days from the date it was received. The initial premium will be refunded, less any claim payments. The policy shall be deemed void from the beginning.

Rate Changes

Due to changes in deductibles, benefits, and co-payments by the Medicare program, as well as claims experience, rate increases may occur. Rate changes are based on the issue state of the policy. If a rate change should occur, all policyholders enrolled in the same policy (plan and state) will receive the same rate change percentage.

Claims

Approximately 99% of our claims are processed electronically the day they are received. Paper claims are processed within 2 business days. Questions regarding claims should be directed to our Claims Customer Service at **877-469-3073, option 6.**

Refunded Premiums Upon Policy Cancellation

If the policyholder submits a written request to cancel his or her policy, all premiums will be refunded from the date following the cancellation date to the policy paid-to-date.

Refunded Premiums Upon Policyholder's Death

In the event the policyholder dies, premiums will be refunded from the date following the date of death to the policy paid-to-date. If the insured dies prior to the policy effective date, the initial premium will be returned. To refund premium on the policy, a copy of the death certificate is required.

Reinstatements

When a Medicare supplement policy has lapsed and it is within 45 days of the last paid-to-date, coverage may be reinstated, reinstated policies are subject to underwriting.

When a Medicare supplement policy has lapsed and it is more than 45 days beyond the last paid-to-date, the coverage cannot be reinstated. The applicant may apply for new coverage and will be subject to underwriting.

Suspension of Medicaid Coverage

Refer to your state's policy form for guidelines regarding suspension of Medicaid coverage.

CONTRACTING AND LICENSING

To expedite the appointment process, electronic contracting (e-Contracting) materials are available. For licensing and contracting assistance, please contact the Oxford Life Contracting Department at **800-308-2318**.

Important: Prior to selling Oxford Life® Medicare supplement insurance in any approved states, you must be actively licensed to sell health insurance by the state's regulatory authority, in the applicant's state of residency.

Features of e-Contracting

- Fill out and submit contracts online
- Check the status of your contracting paperwork and individuals in your hierarchy
- Send contracting invitations

Send Contracting Invitations

Electronic contracting invitations are available to you on the Producer Support Site at **www.oxfordlife.com**. Your producer identification number will appear on the email invitation and the contract, to secure hierarchy placement. To access contracting invitations go to "My Tools" and click on "e-Contracting Material."

"Just-in-Time" Appointments

Contracting forms may be submitted with the first application. To comply with federal and state laws, all applications must be received in our Home Office within 13 calendar days from the date the application was taken. If an application is submitted along with contracting forms for unauthorized states* the application will be returned and should not be re-written with the applicant until after the appointment effective date.

***Important:** "Just-in-Time" appointments are not available for the following states: Georgia, Rhode Island, South Dakota, Texas and Washington.

Submitting Contracting Paperwork

You may select several ways to submit completed contracting material:

- Electronically online at **www.oxfordlife.com**
- Faxed to: **1-866-295-6232**
- Emailed to: **contracting@oxfordlife.com**

Request Non-Resident State Appointments and Fees

When requesting non-resident state appointments, a copy of your license must be submitted to the Contracting Department. You may request state appointments on the Producer Support Site at **www.oxfordlife.com**.

Important: Initial non-resident appointment fees apply in most states.

SALES SUPPORT

A variety of sales support tools are available to you, including lead programs, web conferencing and more. To order sales materials, please contact our Supply Specialists at **800-308-2318, extension 670147**, or submit the supply request form on the Producer Support Site at **www.oxfordlife.com**.

Important: If you are logging into the Producer Support Site for the first time, you will need to register and create a user account. To register, go to **www.oxfordlife.com**, click on “Producer Login” and click on “register.”

Materials and Forms

Medicare supplement forms and sales materials include the following:

- Applications
- Outline of Coverage
- Guide to Health Insurance for People With Medicare
- Notice to Applicant Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage form
- Electronic Funds Transfer Authorization (EFT) form
- Rate sheets
- Informational flyers and brochures

Important: Forms and materials are revised periodically to comply with state requirements and may change without notice. We recommend that you order only a small quantity of material at a time.

Access Forms Online

Sales materials and forms may be accessed and printed from the Producer Support Site at **www.oxfordlife.com**:

- Go to “My Tools” and click on “Forms List”
- Select the state, product type, form type
- Click “Search Forms”

Lead Programs

If you would like information regarding our lead programs, please contact your Regional Director at **800-308-2318**.

Pre-Approved Mail Pieces and Newspaper Inserts

Low-cost direct mail pieces and newspaper inserts may be purchased on the Producer Support Site at **www.oxfordlife.com**. To ensure responses are sent directly to you, mail pieces and inserts are customized with your contact information. Please be aware that **Oxford Life® does not supply mail lists**. For additional information, please contact our Graphic Designers at **800-308-2318**.

Advertising Materials Created by Producers

Any publicly distributed information which identifies Oxford Life® by name or refers to specific provisions or benefits of an Oxford Life plan, either directly or indirectly, is advertising material and must be accurate and consistent with federal and state regulations. Advertising materials that you may create include:

- Letters
- Brochures
- Presentation materials
- Directory listings
- Direct mail
- Radio or television spots

To ensure advertising materials are compliant, you may not distribute or publish any advertising which identifies Oxford Life by name or refers to specific provisions or benefits of an Oxford Life plan, either directly or indirectly, without obtaining prior written approval from the Home Office. If you have advertising material that needs to be reviewed, complete the Producer Advertising Submission form and submit it to the Director of Marketing.

Important: Your advertising is not approved for use until such time that you receive the form bearing a signature from the Director of Compliance and the Director of Marketing.

Informational Webinars

For your convenience, informational webinars are made available to you upon request. Webinars allow you to participate in online presentations that focus on a variety of topics, from product information, sales ideas and software utilization. Without leaving your office or home, you are able to go online and watch a live presentation, hear the presenter over the phone and ask questions. You will receive invitations to join upcoming webinars by email. If you would like to schedule an informational webinar, please contact your Regional Director at **800-308-2318**.

Ordering Supplies

Supply requests may be submitted in any of the following ways:

- Electronically on the Producer Support Site at **www.oxfordlife.com**; go to “My Tools” and click on “Forms Order”
- Emailed to: **marketing@oxfordlife.com**
- Faxed to: **866-380-9691**
- Mailed to: **Oxford Life Insurance Company®**
Attn: Supplies
2721 N. Central Ave.
Phoenix, AZ 85004

Communications and Publications

Company and industry information is communicated to you through:

- **Field Bulletins** – used to announce product changes, regulatory requirements, new marketing procedures, etc.
- **Oxford Life Times®** – a monthly newsletter distributed to all Oxford Life® Producers that announces monthly leading producers, company anniversaries and newsworthy company information
- **e-Oxford Life Times** – an electronic version of the monthly newsletter that is emailed to producers who have provided us with a valid email address
- **Email** – announce product changes and new company procedures in a timely manner to producers who have provided us with a valid email address

PLAN AVAILABILITY CHART (Effective June 1, 2010 – subject to change)

State	Age 65 and Over	Under Age 65
Rating Type	Plans Available Underwritten, Open Enrollment, Guarantee Issue	Disabled Plans Available Open Enrollment, Guarantee Issue
ARIZONA Issue Age	A, F, N	Not required, Not offered
CALIFORNIA Attained Age	A, F, N	A, F
GEORGIA Issue Age	A, F, N	Not required, Not offered
INDIANA Attained Age	A, F, N	Not required, Not offered
MICHIGAN Attained Age	A, C, F, N	A
MISSOURI Issue Age	A, F, N	A, F, N
NORTH CAROLINA Attained Age	A, F, N	A
OHIO Attained Age	A, C, N	Not required, Not offered
PENNSYLVANIA Attained Age	A, B, C, N	A, B, C, N
SOUTH CAROLINA Attained Age	A, F, N	Not required, Not offered
TEXAS Attained Age	A, F, N	A

PART ONE, continued

If the applicant is eligible for Guaranteed Issue, Part One - Section D needs to be completed. Be sure to complete the question on the following page.

Section D. Guaranteed Issue Eligibility

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 below to the best of your knowledge. Select "Yes" or "No" by placing an "X" in the corresponding box.

1. Did you turn age 65 within the last 6 months? Yes No

2. Did you enroll in Medicare Part B within the last 6 months? Yes No

a. If yes, what is the effective date?
MONTH DAY YEAR

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)? Yes No

a. If yes, will Medicaid pay your premiums for this Medicare supplement policy? Yes No

b. If yes, do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium? Yes No

4. If you had coverage from any Medicare plan other than original Medicare within the past 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.)

START
MONTH DAY YEAR MONTH DAY YEAR

a. If you are still covered under that Medicare plan, do you intend to replace your current coverage with this new Medicare supplement policy? Yes No

b. Was this your first time enrolled in that type of Medicare plan? Yes No

c. Did you drop a Medicare supplement policy to enroll in that Medicare plan? Yes No

5. Do you have another Medicare supplement policy in force? Yes No

a. If yes, with what company, and what plan do you have? _____

b. If yes, do you intend to replace your current Medicare supplement policy with this policy? ... Yes No
If yes, you must complete the replacement form.

6. Have you had coverage under any other health insurance within the past 63 days? (For example, an employer, union, or individual plan) Yes No

a. If yes, with what company and what kind of policy? _____

b. If yes, what are the dates of coverage under the other policy? (If you are still covered under this plan, leave "END" blank.)

START
MONTH DAY YEAR MONTH DAY YEAR

(Continued on next page)

PART ONE, Section D continued

If any of the following events listed below have occurred, and if you are applying before the 63rd day after your coverage terminated, you are an Eligible Person for Guaranteed Issue.

- Enrolled in employer/retiree group health coverage (including COBRA coverage) and canceled because you could no longer be covered under the terms of the plan, voluntarily left the plan, the company is canceling the plan in its entirety, or your COBRA coverage ended.
- Enrolled in a Medicare Advantage (including Medicare HMO or PPO) plan, a Medicare Select plan or a PACE program when you were age 65 or older and were you disenrolled because (1) you moved out of the service area, (2) your plan withdrew from your service area, (3) the certificate of the organization or plan has been terminated, (4) the organization violated a material provision of the organization's contract under U.S.C. Title 42, Chapter 7, Subchapter XVIII, Part D in relation to you, including failure to provide you on a timely basis medically necessary care for which benefits are available under the plan or to provide such covered care in accordance with applicable quality standards, (5) the organization, producer, or other entity acting on the organization's behalf, materially misrepresented the plan's provisions in the marketing plan or (6) you enrolled for the first time since you became Medicare Eligible at age 65 or older and decided to disenroll within one year of initial enrollment.
- Had an Oxford Life Medicare supplement plan and then you canceled it to enroll, for the first time, in a Medicare Advantage (including Medicare HMO or PPO) plan, a Medicare Select plan or a PACE program within the last 12 months, and then you disenrolled from your new plan within one year of initial enrollment. Please note: If you were involuntarily terminated within the first 12-month period and, without intervening enrollment, enrolled with another such organization, the subsequent enrollment shall be deemed to be the initial enrollment.
- Enrolled in a Medicare supplement plan and your previous carrier ended your coverage through no fault of your own, including the carrier violating a material provision of the policy, or the carrier, producer or other entity acting on the carrier's behalf materially misrepresented the policy's provisions in marketing the policy.
- Enrolled in a Medicare Part D plan during the initial enrollment period, had an Oxford Life Medicare supplement policy with outpatient prescription drug coverage during such period, but terminated the Oxford Life Medicare supplement policy because of the Part D plan prior to 63 days after the effective date of your coverage under Medicare Part D.
- You are age 65 or older, covered under Medicaid but have lost Medicaid entitlement, and are enrolled in Medicare Parts A and B.
- You are under age 65, covered under Medicaid but have lost Medicaid entitlement, and are enrolled in Medicare Parts A and B. (You are eligible for Plan A only, except in Missouri, in which case you are eligible for Plan A or Plan F.)

(Continued on next page)

PART TWO

If the applicant does not qualify for Open Enrollment or Guaranteed Issue, they must answer all of the health questions.

Health History / Medical Questions

Please answer the following health history questions. **Note: If you are in Open Enrollment, or if you have determined that you are eligible for Guaranteed Issue based on SECTION D, "Guaranteed Issue Eligibility," you are not required to answer the following health questions. Please continue to PART THREE.**

1. What is your height ft. in. and weight in pounds?

Section A

If you answer "Yes" to any of the questions in this section, no coverage will be issued.

2. Are you currently hospitalized, confined to a bed, nursing or hospice facility, unable to perform daily activities without assistance or do you have or been advised by a medical professional that you have, any disease, injury, or impairment that will require hospitalization, surgery, or treatment for which you have not sought medical attention? Yes No
3. Have you had, or been medically advised to have, an organ transplant? Yes No
4. Have you ever been medically diagnosed, treated, or taken medication for congestive heart failure, Alzheimer's disease, dementia, cirrhosis, liver failure, chronic obstructive pulmonary/lung disease (COPD), chronic bronchitis, emphysema, lymphoma, chronic kidney disease, neurological, mental, or muscular disorder, amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), Hodgkin's disease or Parkinson's disease? Yes No
5. Have you ever been diagnosed as having or told by a medical doctor that you have acquired immune deficiency syndrome (AIDS), human immunodeficiency virus (HIV), or AIDS related complex (ARC)? Yes No
6. Within the past 2 years, have you been confined in a hospital, convalescent facility, nursing home or custodial care facility two or more times? Yes No
7. Within the past 3 years, have you been diagnosed with internal cancer or melanoma, or had more than one occurrence of cancer (excluding surgically removed basal or squamous cell skin cancer), or are you currently being treated for cancer or reoccurrence of cancer? Yes No

Section B

If you answer "Yes" to any of the questions in this section, additional information may be requested during the telephone interview.

8. Have you been diagnosed as having diabetes, Crohn's disease or ulcerative colitis? Yes No
9. Within the past 2 years, have you been medically diagnosed, treated, or hospitalized for: angina, heart attack, coronary artery disease, heart or circulatory/vascular surgery (including pacemaker, by-pass, heart valve replacement, angioplasty, heart or other stent placement)? Yes No
10. Within the past 3 years, have you been diagnosed, treated for, or been advised to have treatment for alcohol or drug abuse or been diagnosed as having a stroke or transient ischemic attack (TIA)? Yes No
11. Are you taking medication for any impairment or condition not indicated in Part Two? Yes No

(Continued on next page)

STOP ■ If the application requires POSTAP telephone approval, call an Interview Specialist now at 888-330-2006 (refer to the POSTAP telephone approval process).

Have the applicant read Part Three in full. If the application is being completed over the telephone, it is the producer's responsibility to read Part Three to the applicant.

PART THREE

Representations, Acknowledgements, and Authorizations

MEDICAL AUTHORIZATION

I authorize any physician, medical practitioner, hospital, medical care facility, the Veteran's Administration, insurance company, the Medical Information Bureau, pharmacy, pharmacy benefit manager, laboratory, my employer or consumer reporting agency, to give the Company or its reinsurers any information they have about my health, including confidential HIV-related information and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes. I agree that a copy of this authorization is as valid as the original and I can obtain a copy on request. This authorization is valid for use in underwriting risk selection purposes only and is valid for 24 months, except for HIV-related information, which is only valid for 180 days from the date below. A copy of this authorization is as valid as the original. This protected health information is to be disclosed under the authorization at my request, as permitted by § 164.508 of the privacy regulations issued pursuant to the Health Insurance Portability and Accountability Act ("HIPAA Privacy Rule").

I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to the Company addressed, Attention: Policyholder Service Department, PO Box 46518, Madison, WI 53744-6518. I understand that a revocation is not effective to the extent that any of my providers has relied on this authorization or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal regulations governing privacy and confidentiality of health information (such as the HIPAA Privacy Rule). However, the Company will protect the privacy of health information in accordance with other applicable state and/or federal privacy laws and its own privacy policies.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct my providers to release and disclose the entire medical record without restriction.

I understand that my providers may not refuse to provide treatment or payment for health care services because I refuse to sign this authorization. I further understand that if I refuse to sign this authorization to release my complete medical record, the Company may not be able to process my application, or if coverage has been issued, the Company may not be able to make any benefit payments. I acknowledge that I have received a copy of this authorization.

CAUTION: If your answers on this application are incorrect or untrue, Oxford Life Insurance Company may deny benefits, cancel and/or void your policy.

I understand and agree that the information on this application will be relied on to determine insurability and that incorrect information may result in coverage being voided.

IMPORTANT INFORMATION REGARDING MEDICARE SUPPLEMENT COVERAGE

You do not need more than one Medicare supplement policy. If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need more than one type of coverage in addition to your Medicare benefits. You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy. If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility. If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan.

If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.

Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and/or concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB). For information on Medicaid eligibility, call your local Social Security office. For questions on Medicare supplement insurance, call 1-800-MEDICARE (1-800-633-4227).

(Continued on next page)

PART THREE, continued

PROPOSED INSURED'S STATEMENT

I read or had read to me the completed application and agree that I understood it. The above representations are true. I am not taking and I am not under the influence of any medications or drugs that affect my ability to fully understand and accurately complete this application. I agree the policy shall not be in effect until it has been issued by the Company and the first premium is paid during my lifetime. I understand that the producer has no authority to approve the application, change the policy, or waive any policy provisions. I understand no insurance will be effective until the date stated in the policy and all eligibility requirements are met.

SIGNATURE To avoid delays in processing, this must be signed and dated in ink. An e-Signature is the same as an ink signature.

Applicant must sign and date here.

Applicant Signature
Printed Name
Date Signed Phone Number

PART FOUR

Once the application is complete, the producer must complete Part Four.

PRODUCER INFORMATION Note to producer - list the following:

Any other health insurance policies or coverages sold to the applicant which are still in force?:

Any other health insurance policies or coverages sold to the applicant in the last 5 years which are no longer in force:

I, the undersigned producer, certify that I have reviewed this application and that the information supplied by the applicant has been truly and accurately recorded. I further certify that the applicant has read or has had read to him/her, the completed application and that he/she realizes that any false statement or misrepresentation therein may result in loss of coverage under the policy. I know of no medical information that conflicts with that which is contained on this application. I understand that I represent the interest of the applicant for insurance, and have advised my client not to terminate any existing coverage until receiving notice that the coverage being applied for by this application is approved. I understand that I have no right to bind this coverage, to alter terms of the insurance contract or application in any manner, or to adjust any claim for the benefits under the entire contract.

Producer who interviewed the applicant and/or witnessed the applicant's signature must sign here.

Producer Signature Producer #
Print Name Date Signed

Mail Policy To: Producer Applicant

Miscellaneous Notes:

Requests to split commissions must be indicated here. Provide the following information for the second producer involved in the sale: name, producer I.D. #, percentage of commission to be paid. NOTE: Total percentage must equal 100%. Commissions can be split only between 2 producers.

Print producer number here.
Indicate who the policy should be mailed to by checking the appropriate box.
(Continued on next page)

This form should only be completed if the applicant intends to terminate an existing Medicare supplement policy and replace it with this policy.

OXFORD[®] Oxford Life
LIFE INSURANCE COMPANY Insurance Company
PO Box 46518 Madison, WI 53744-6518
(877) 469-3073 www.oxfordlife.com

NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE OR MEDICARE ADVANTAGE

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

According to your application, you intend to terminate existing Medicare supplement or Medicare Advantage coverage and replace it with a policy to be issued by Oxford Life Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. Terminate your present policy or Medicare Advantage coverage only if, after due consideration and acceptance by the replacing issuer, you find that purchase of this Medicare supplement coverage is a wise decision. You should evaluate the need for other accident and sickness coverage you have that may duplicate the benefits provided under this policy.

STATEMENT TO APPLICANT BY ISSUER (OR OTHER REPRESENTATIVE):

I have reviewed your current medical or health coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reasons:

Based on the applicant's responses, check all that apply.

- Additional benefits.
- Same benefits, but lower premiums.
- Fewer benefits and lower premiums.
- My plan has outpatient prescription drug coverage and I am enrolling in Part D, Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment.
- Other (specify) _____

I call to your attention the following items for your consideration:

If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the issuer to deny any future claims and to refund your premium as though the policy had never been in force. After the application has been completed and before you sign it, read and review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

Name and address of issuer or producer:

Producer Signature

Producer must sign here.

Applicant Signature

Applicant must sign here.

Date

2010RN-MS

THIS COPY TO THE COMPANY

This form should only be completed if the applicant intends to terminate an existing Medicare supplement policy and replace it with this policy.

OXFORD® Oxford Life
LIFE INSURANCE COMPANY Insurance Company

PO Box 46518 Madison, WI 53744-6518
(877) 469-3073 www.oxfordlife.com

**NOTICE TO APPLICANT REGARDING
REPLACEMENT OF MEDICARE
SUPPLEMENT INSURANCE OR
MEDICARE ADVANTAGE**

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

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You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. Terminate your present policy or Medicare Advantage coverage only if, after due consideration and acceptance by the replacing issuer, you find that purchase of this Medicare supplement coverage is a wise decision. You should evaluate the need for other accident and sickness coverage you have that may duplicate the benefits provided under this policy.

STATEMENT TO APPLICANT BY ISSUER (OR OTHER REPRESENTATIVE):

I have reviewed your current medical or health coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reasons:

Based on the applicant's responses, check all that apply.

- Additional benefits.
- Same benefits, but lower premiums.
- Fewer benefits and lower premiums.
- My plan has outpatient prescription drug coverage and I am enrolling in Part D, Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment.
- Other (specify) _____

I call to your attention the following items for your consideration:

If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the issuer to deny any future claims and to refund your premium as though the policy had never been in force. After the application has been completed and before you sign it, read and review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

Name and address of issuer or producer:

Producer Signature **Producer must sign here.**

Applicant Signature **Applicant must sign here.**

Date

2010RN-MS

THIS COPY TO THE APPLICANT

The following materials and supplies pertain to Medicare Supplement available through Oxford Life. Some of the listed materials may not be available due to lack of state approval of a specific product. **Orders exceeding quantities of 25 need to be accompanied by an explanation.** Supply requisitions can be submitted the following ways:

- Online at www.oxfordlife.com Enter in your producer login information; Click on My Tools; Forms Order.
- Email to marketing@oxfordlife.com ➤ Faxed to **1-866-380-9691**

QTY	APPLICATIONS	
	OLIC-MMAPP-AFN-AZ	Arizona
	OLIC-MMAPP-AFN-CA	California
	OLIC-MMAPP-AFN-GA	Georgia
	OLIC-MMAPP-AFN-IN	Indiana
	OLIC-MMAPP-ACFN-MI	Michigan
	OLIC-MMAPP-AFN-MO	Missouri
	OLIC-MMAPP-AFN-NC	North Carolina
	OLIC-MMAPP-ACN-GEN	Ohio
	OLIC-MMAPP-AFN-PA	Pennsylvania
	OLIC-MMAPP-AFN-SC	South Carolina
	OLIC-MMAPP-AFN-TX	Texas

QTY	RATE SHEETS	
	AZ OLIC Rates	Arizona
	CA OLIC Rates	California
	GA OLIC Rates	Georgia
	IN OLIC Rates	Indiana
	MI OLIC Rates	Michigan
	MO OLIC Rates	Missouri
	NC OLIC Rates	North Carolina
	OH OLIC Rates	Ohio
	PA OLIC Rates	Pennsylvania
	SC OLIC Rates	South Carolina
	TX OLIC Rates	Texas
QTY	PRODUCT KIT	

For updated supply request forms go to the Producer Support Site at www.oxfordlife.com:

• To print updated supply request forms, go to "My Tools" and click "Forms List"

• To submit supply requests online, go to "My Tools" and click "Forms Order"

QTY	REPLACEMENT FORMS	
	2010RN-MS-OLIC	MedSup Replacement Form
	2010RN-MS-CA	California Replacement Form

INSTRUCTIONS:

- Complete name and address for shipping:
 - Street address will be shipped via UPS.
 - P.O. address will be shipped 3rd class mail.
- Active Producer number is required to receive supplies.

QTY	MISCELLANEOUS	
	PM388	Producer Trip Qualifications
	OLIC100C	Supply List For Medicare Supplement
QTY	ABOUT OXFORD LIFE	
	MS101	MedSup Company Contacts
	OLICFIN	Financial Report
	---	Standard's Independent Comparative Financial Report
	---	A.M. Best's Rating Report
	---	Oxford Life Pocket Folders

**IMPORTANT:
SENDER MUST FILL OUT LABEL ➤**

FROM:
Oxford Life Insurance Company
2721 North Central Avenue
Phoenix, Arizona 85004

Producer Name		Producer Number
Address		
City	State	Zip Code