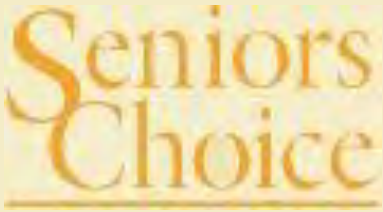


**2023 Group Retiree Medical
With Optional Part D Coverage**



Seniors
Choice



Frequently Asked Questions

Q: Why does the Seniors Choice program require an employer's sponsorship?

A: Seniors Choice is filed with each approved state as a Group Retiree Medical Insurance. It cannot be sold to individuals who are not eligible under a signed contract between MBA and the sponsoring employer, called an Employer Trust Participation Agreement. Eligible individuals are those either currently working for the employer, have retired from the employer, or who have ever worked for the employer and are now retired.

Q: Can we take someone 65+ who works for an employer with less than 20 full-time and part-time employees and remove them from the group plan and put them on Seniors Choice?

A: Yes. The group is not a TEFRA group therefore Medicare is primary for that individual which makes them eligible for Seniors Choice medical and prescription coverage.

Q: Can that same individual, in the last question, be removed from the employer health plan and onto Seniors Choice?

A: Yes. As long as the medical and prescription coverage with Seniors Choice is equal to or better than the group plan they currently have.

Q: What is the definition of an eligible Seniors Choice group?

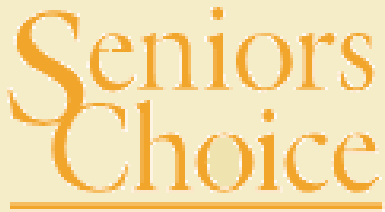
A: You only need one person to make an eligible group. We will even accept an Employer Trust Participation Agreement with no current enrollees now and when someone becomes eligible, they have to enroll at that time. Refer to Group Retiree Medical Eligibility Guidelines.

Q: Is there ever a time that a health statement is required for enrollment?

A: No. Seniors Choice is always guaranteed issue.

Q: When can a member make a change to their current Seniors Choice Insurance?

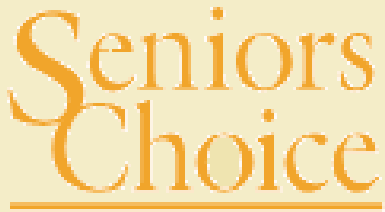
A: Another feature about the program is that each year all groups renew on January 1st, no matter when you started the program. At renewal each employer, member and agent will receive a renewal notice. At that time, if an employer or member wants to make a change they can. If a higher benefit level plan has been made available by the employer, the member can buy up with no health statements or underwriting.



Eligibility Guidelines

Guarantee Trust Life Insurance Company and Humana Insurance Company are separate legal entities and have sole financial responsibility for their own products.

1. Seniors Choice is a Group Retiree Medical program sponsored by an employer group or similar organization. These sponsoring entities may have as few as one (1) employee, retiree, or owner.
2. Seniors Choice may be sold to Proprietorships, Partnerships, LLC's, Corporations, Unions, Government entities, and non-profit organizations. MBA, Inc. is required to verify documentation submitted by a sponsoring entity to confirm that it is a legitimate entity and that it qualifies for the Seniors Choice Group Retiree Medical Insurance underwritten by Guarantee Trust Life Insurance Company, Glenview, IL. The following documentation is required:
 - a. Proprietorship/Corporations – Schedule C or Occupational/Business License or Federal Tax documents verify business status.
 - b. Partnership or LLC – Form 1065 or other Federal Tax documents verifying business status.
 - c. Unions – Letter of Resolution and Federal Documents verifying status. By-laws may be required to verify that a union associated entity has authority to negotiate for benefits on behalf of the Union.
 - d. Government – Municipal, State or Federal Documents verifying status.
 - e. Non-profit/Religious Organization – Letter of Authority or Federal Documents verifying nonprofit or religious based status.
3. The sponsoring entity must complete and sign the Employer Trust Participation Agreement (ETPA). The signatory must be authorized to sign the ETPA and may include an Owner, Corporate Officer, Board Member, Trustee, Legal Counsel or Human Resource Executive. In some cases, a Letter of Authority must be submitted on Group letterhead advising that the signer is authorized to sign the ETPA.
4. Copy of Medicare card must be submitted with Enrollment Forms.
5. The ETPA and Member Enrollment Forms must be received by the 5th business day of the coverage month in order to enroll participants in the medical insurance for that coverage month.
6. Prescription Enrollment Forms must be received by the 5th business day of the month prior to the effective date.
7. Coverage with previous insurance carriers should not be cancelled until approval has been received in writing from MBA, Inc. Proof of cancellation must be submitted to MBA within 30 days of effective date.
8. Groups with less than 20 employees may enroll eligible employees who are 65 and older, with Medicare Parts A and B, and currently eligible for an employer sponsored group health plan (See TEFRA and Medicare Secondary Payer Guidelines).
9. Groups who currently employ, or have employed 20 or more part-time and full-time employees combined during the previous calendar year, may not enroll anyone 65 and over who is currently eligible for the employer group sponsored plan.



Eligibility Guidelines

10. Eligible participants include:
 - a. Retirees/employees at least 65 years old and enrolled in Medicare Parts A and B for medical coverage.
 - b. Retirees/employees at least 65 years old and enrolled in Medicare Parts A and B for prescription coverage.
 - c. Current and surviving spouses or domestic partners at least 65 years old enrolled in Medicare Parts A and B. An affidavit of Domestic Partnership is required to be submitted with the enrollment application for those enrollees adding a domestic partner.
 - d. Retirees/employees not eligible for Medicaid.
 - e. Non-TEFRA-eligible active employees at least 65 years old enrolled in Medicare Parts A and B.
 - f. Retirees/employees not covered under a Medicare Supplement policy, certificate or any other insurance that is secondary to Medicare. However, if the retiree/employee is cancelling the other coverage, proof of cancellation will be required within 30 days of the effective date of enrollment in a Seniors Choice insurance.
 - g. Retirees/employees not covered by an employer's health plan which is primary to Medicare due to that retiree's/employee's employment. However, if the retiree/employee or employer group is cancelling the other coverage, proof of cancellation will be required within 30 days of the effective date of enrollment in a Seniors Choice insurance.
 - h. Retirees/employees who are not confined to a Hospital or Skilled Nursing Home on the effective date of coverage. If a retiree/employee or dependent spouse is confined to such a facility on the effective date of coverage, coverage will be delayed until the first day of the month that follows the date of release from the facility.
11. Eligible participants may enroll in Seniors Choice at insurance inception, within 30 days of retirement, upon age-in to Medicare or when terminating from another insurance or during the annual open enrollment period.
12. Participants in groups with multiple insurance offerings may change their plan offering during the annual open enrollment period, from October to December.
13. Monthly premium rates will be based on the rating area of the sponsoring entity, not on the location of the individual plan participants.
14. If the program is employer paid, the employer must submit the first month's premium for the participating retiree(s) with the ETPA and enrollment form(s). If the program is retiree paid, each enrollee must submit premium with the enrollment form. Medical premium is inclusive of administration fee and rates. Checks are to be made payable to Seniors Choice.
15. If the employer contributes to the premium, the contribution must be at least 50%.
16. Groups with 250 or more eligible retirees, when at least 50% of the premium is paid by the group, must be submitted by the agent to MBA for acceptance, in advance of signature of the ETPA.
17. Custom rates and plan designs may be available for such groups.

Prescription benefits are provided through Humana Insurance Company under policy MIFGIT plan 037. Medical benefits are provided through Guarantee Trust Life Insurance Company under MCP-2004/MCC-2004.

2023 Washington New Business Group Retiree Medical Rating Areas by Zip Code Effective 10/01/2021

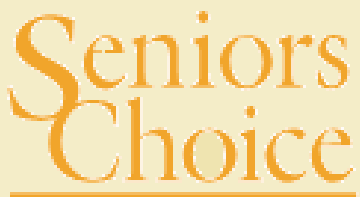
STATE	AVAILABILITY	AREA I	AREA II	AREA III	AREA IV	AREA V
Alabama	Available	None	All Other Zips	350-352, 354, 356-359, 361-362, 366	None	None
Alaska	Available	None	None	All AK Zips	None	None
Arizona	Available	None	All Other Zips	850-853	None	None
Arkansas	Available	None	All Other Zips	718-723	None	None
California	Available	None	922, 931-932, 934, 936-938, 956-958	All Other Zips	913-915, 923-928, 930, 933, 940-948	900-908, 910-912, 916-918, 953, 960
Colorado	Available	None	All Other Zips	800-802, 804, 806	None	None
Connecticut	Pending	None	None	All Other Zips	065-066, 068-069	None
Delaware	Available	None	None	All DE Zips	None	None
District of Columbia	Available	None	None	All DC Zips	None	None
Florida	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Georgia	Available	None	All Other Zips	300-303, 307, 311-316	None	None
Hawaii	Pending	All HI Zips	None	None	None	None
Idaho	Available	All Other Zips	834	835, 838	None	None
Illinois	Available	617-618	All Other Zips	600-609, 620, 622	None	None
Indiana	Available	None	All Other Zips	460-462, 469-471, 478	463-464	None
Iowa	Available	All Other Zips	500-503, 506-507, 510-511, 515, 520, 527-528	None	None	None
Kansas	Available	None	All Other Zips	660-662	None	None
Kentucky	Available	None	All Other Zips	400-402, 410-412, 427	None	None
Louisiana	Available	None	703	705, 707, 713-714	All Other Zips	712
Maine	Pending	None	All ME Zips	None	None	None
Maryland	Available	None	217	206, 216, 218, 219	All Other Zips	None
Massachusetts	Available	None	None	All Other Zips	015, 018-021, 024, 026	None
Michigan	Available	All Other Zips	480-488, 490, 492	None	None	None
Minnesota	Pending	All Other Zips	556, 559	550-555	None	None
Mississippi	Available	None	None	All Other Zips	395	None
Missouri	Available	656-658	All Other Zips	630-631, 633, 640-641, 644-645, 650-651	None	None
Montana	Pending	All Other Zips	594, 598	None	None	None
Nebraska	Available	None	All NE Zips	None	None	None
Nevada	Available	None	All Other Zips	894, 897	890-891	None
New Hampshire	Available	None	All NH Zips	None	None	None
New Jersey	Available	None	None	080	All Other Zips	070, 073, 077, 085-086, 088-089
New Mexico	Available	All NM Zips	None	None	None	None
New York	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
North Carolina	Available	None	All NC Zips	None	None	None
North Dakota	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Ohio	Available	None	All Other Zips	430-432, 434-436, 439-448, 450-452, 455-458	None	None
Oklahoma	Available	None	All Other Zips	731	None	None
Oregon	Pending	973	All Other Zips	974-975	None	None
Pennsylvania	Available	177	164-165, 168, 173-176	All Other Zips	150-152	189-191, 193-194
Rhode Island	Available	None	None	All RI Zips	None	None
South Carolina	Available	None	All Other Zips	294-296, 299	None	None
South Dakota	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Tennessee	Available	None	All Other Zips	370-372, 374, 381	None	None
Texas	Available	None	767, 769, 796-799	All Other Zips	772-777, 794	None
Utah	Available	All Other Zips	840-841, 846-847	None	None	None
Vermont	Pending	None	All VT Zips	None	None	None
Virginia	Available	228, 242, 245	All Other Zips	201, 220-223, 226	None	None
Washington	Available	982	All Other Zips	994	None	None
West Virginia	Available	None	None	All Other Zips	260, 267	None
Wisconsin	Available	All Other Zips	531, 532, 534, 540	None	None	None
Wyoming	Available	None	All WY Zips	None	None	None

For more information, contact MBA, Inc. at AccountServices@mbaadmin.com or visit <https://main.mbaadmin.com>

Medical Coverage Underwritten by Guarantee Trust Life Insurance Company
Offered through the Merchants Industry Fund Group Insurance Trust

Administered by Merchants Benefit Administration, Inc.

GAD34.3-20



**State Of Washington
2023 New Business Group Retiree Medical
Co-Pay Monthly Plan Rates***

Underwritten by:



**For groups with effective dates beginning 1/1/2023
Rates are all inclusive of premium and fees**

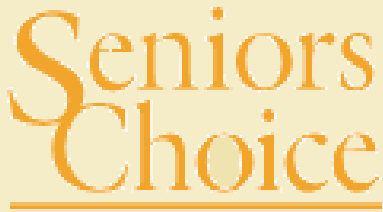
Plan Deductible:	\$0	\$100	\$150	\$250	\$500	\$750	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$4,000
Area 1												
Age												
65	\$182.54	\$170.74	\$164.93	\$157.58	\$141.29	\$127.64	\$115.02	\$95.54	\$80.64	\$69.85	\$61.89	\$52.33
66-69	\$197.30	\$184.44	\$178.09	\$170.10	\$152.33	\$137.41	\$123.65	\$102.39	\$86.15	\$74.39	\$65.68	\$55.28
70-74	\$238.86	\$225.78	\$219.15	\$210.99	\$192.12	\$175.67	\$160.11	\$135.43	\$116.00	\$101.33	\$90.06	\$75.53
75-79	\$278.28	\$264.78	\$257.72	\$249.24	\$228.97	\$210.91	\$193.51	\$165.54	\$143.00	\$125.60	\$111.97	\$93.65
80-84	\$336.24	\$321.88	\$314.16	\$304.67	\$281.95	\$261.31	\$241.35	\$208.46	\$181.35	\$159.94	\$142.92	\$119.13
85+	\$358.17	\$343.42	\$335.42	\$325.32	\$301.42	\$279.74	\$258.80	\$224.04	\$195.20	\$172.29	\$153.99	\$128.19
Area 2												
Age												
65	\$206.91	\$193.35	\$186.67	\$178.23	\$159.50	\$143.79	\$129.28	\$106.86	\$89.73	\$77.33	\$68.16	\$57.18
66-69	\$223.90	\$209.11	\$201.83	\$192.61	\$172.17	\$155.03	\$139.20	\$114.77	\$96.09	\$82.56	\$72.54	\$60.58
70-74	\$271.68	\$256.64	\$249.00	\$239.63	\$217.93	\$199.00	\$181.11	\$152.76	\$130.39	\$113.52	\$100.57	\$83.85
75-79	\$317.02	\$301.48	\$293.39	\$283.61	\$260.29	\$239.55	\$219.57	\$187.38	\$161.46	\$141.45	\$125.77	\$104.70
80-84	\$383.64	\$367.16	\$358.29	\$347.39	\$321.23	\$297.51	\$274.55	\$236.75	\$205.57	\$180.95	\$161.36	\$134.02
85+	\$408.90	\$391.93	\$382.71	\$371.11	\$343.63	\$318.69	\$294.60	\$254.64	\$221.46	\$195.11	\$174.10	\$144.43
Area 3												
Age												
65	\$223.16	\$208.42	\$201.16	\$191.98	\$171.61	\$154.54	\$138.77	\$114.40	\$95.79	\$82.33	\$72.35	\$60.44
66-69	\$241.64	\$225.55	\$217.62	\$207.62	\$185.40	\$166.75	\$149.57	\$123.01	\$102.70	\$88.00	\$77.12	\$64.12
70-74	\$293.58	\$277.24	\$268.91	\$258.74	\$235.14	\$214.58	\$195.13	\$164.28	\$139.98	\$121.65	\$107.59	\$89.39
75-79	\$342.85	\$325.97	\$317.17	\$306.53	\$281.21	\$258.62	\$236.91	\$201.95	\$173.75	\$152.01	\$134.96	\$112.07
80-84	\$415.27	\$397.34	\$387.71	\$375.86	\$347.44	\$321.65	\$296.68	\$255.57	\$221.71	\$194.94	\$173.66	\$143.91
85+	\$442.71	\$424.28	\$414.25	\$401.65	\$371.77	\$344.66	\$318.48	\$275.05	\$239.00	\$210.34	\$187.51	\$155.25

Premium is based on age; a rate increase will take effect the month a member ages into a new age bracket.

*Rates Subject to change at any time.



Medical Coverage Underwritten by Guarantee Trust Life Insurance Company
Offered through the Merchants Industry Fund Group Insurance Trust
Administered by Merchants Benefit Administration, Inc.
For more information, visit at www.mbaadmin.com



**State of Washington
2023 New Business
Retiree Medical
Optional Benefits Rates***

Underwritten by:



Monthly Plan Rates Effective 1/1/2022

Additional Skilled Nursing	\$8.81 per month
Covered after Seniors Choice Plan deductible, from 101 through 365 days; up to \$125 per day	

Private Duty Nursing	\$10.17 per month
Covered after Seniors Choice Plan deductible, \$100 per 8 hour shift; 30 shifts per calendar year	

At Home Recovery	\$22.38 per month
Covered after Seniors Choice Plan deductible, up to \$40/visit and 7 visits/week; \$1600 calendar year maximum	

Comprehensive Wellness	\$16.26 per month
Subject to a calendar year maximum benefit amount of \$250 (not subject to a plan deductible)	
Wellness Care includes, but is not limited to:	
<ul style="list-style-type: none"> - Alternative health care such as massage and acupuncture - Dental and vision check-ups - Annual physical examinations - Chronic disease self-management programs - Alcohol dependency, substance abuse prevention and violence prevention counseling 	

*Rates subject to change at any time



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Form SC-GTL-RPR9

	Preferred-Choice²	Premier
Stage 1: Yearly Deductible	\$150 (Tiers 2, 3 and 4 Only)	\$0

Stage 2: Initial Coverage	Up to \$4,430		Up to \$7,050³	
	30 day supply, you pay			
Generic	\$12.50		\$12.50	
Preferred Brands	\$45.00		\$45.00	
Non-Preferred Brands	\$75.00		\$75.00	
Specialty	\$100.00		\$200.00	
	90 day supply, you pay			
	Mail Order	Retail Pharmacy	Mail Order	Retail Pharmacy
Generic	\$15	\$30	\$15	\$30
Preferred Brands	\$60	\$95	\$60	\$95
Non-Preferred Brands	\$100	\$155	\$100	\$155
Specialty	N/A	N/A	N/A	N/A

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. See the Prescription Drug Guide to identify commonly prescribed prescription drugs in each tier.

Stage 3: Coverage Gap	<p>The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,430. After you enter the coverage gap, you pay a portion of the plan's cost for covered brand name drugs and covered generic drugs until your costs total \$7,050, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>		Not Applicable	
	30 day supply, you pay			
Generic	25% to maximum of \$12.50		N/A	
Preferred Brands	25%		N/A	
Non-Preferred Brands	25%		N/A	
Specialty	25%		N/A	
	90 day supply, you pay			
	Mail Order	Retail Pharmacy	Mail Order	Retail Pharmacy
Generic	25% to maximum of \$15.00	25% to maximum of \$30.00	N/A	N/A
Preferred Brands	25%	25%	N/A	N/A
Non-Preferred Brands	25%	25%	N/A	N/A
Specialty	N/A	N/A	N/A	N/A

Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$7,050 you pay the greater of:			
	30-90 day supply¹, you pay			
Generic (including Brand drugs treated as Generic)	\$3.95		\$3.95	
All Others	\$9.85		\$9.85	
Or the greater of (including Generic)	5% of co-insurance		5% of co-insurance; up to \$200 maximum per prescription.	

Monthly Premium*	\$149.10	\$383.78
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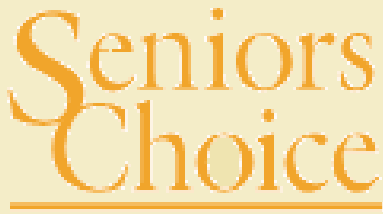
¹ The benefit for a 90 day supply is limited to Rx formulary tiers 1-2 and most drugs on tier 3. Regardless of tier placement, Specialty Drugs are limited to a 30 day supply.

² Home infusion drugs: after the deductible has been met, these drugs will be covered at the specified copayments until the member reaches the Catastrophic level.

³ Medicare sets rules about what counts and what does not count as your out-of-pocket costs. Refer to your evidence of coverage for full details.

*Premium does include \$16.00 administration fee

Humana is a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or member cost-share may change each year. You must continue to pay your Part B premium.



**2023 Seniors Choice
Group Retiree Medical
Plan Benefits**
No Lifetime Plan Maximum



Annual Plan Deductible Options

\$0 • \$100 • \$150 • \$250 • \$500 • \$750 • \$1000 • \$1500 • \$2000 • \$2500 • \$3000 • \$4000

MEDICARE PART A

Hospitalization

Semi-Private room and board, general nursing and miscellaneous services and supplies.

Services	Medicare Pays	Plan Pays	You Pay
First 60 Days	All but \$1,556	\$1,556 - Part A Deductible	\$0 after you have satisfied your annual plan deductible
Days 61 Through 90	All but \$389 per day	\$389 per day	
Days 91 Through 150 (60 Lifetime Reserve Days)	All but \$778 per day	\$778 per day	
Additional 365 Days	\$0	100% of Medicare Eligible Expenses	

Private Duty Nursing Benefits Available with Seniors Choice Optional Plans.

Skilled Nursing Facility

You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital.

Services	Medicare Pays	Plan Pays	You Pay
First 20 Days	All Approved Amounts	\$0	\$0 after you have satisfied your annual plan deductible
Days 21 Through 100	All but \$194.50 per day	\$194.50 per day	
Days 101 and After	\$0	\$0	100%

Additional Skilled Nursing Facility Benefits Available with Seniors Choice Optional Plans.

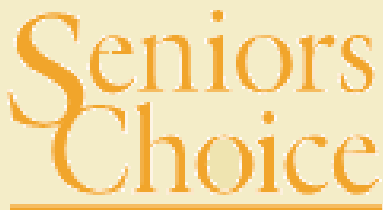
Blood

Services	Medicare Pays	Plan Pays	You Pay
First 3 Pints	\$0	100%	\$0 after you have satisfied your annual plan deductible
Additional Amounts	100%	\$0	

All Medicare deductibles are included in plan deductible(s).
Co-Payments apply after the annual plan deductible has been satisfied.



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(480) 776-5040 or visit www.mbaadmin.com



2023 Seniors Choice Group Retiree Medical Plan Benefits



MEDICARE PART B

Medical Services

In or out of the hospital and outpatient hospital treatment – All Part B services covered after annual plan deductible has been satisfied and the co-payment amount has been paid. Medicare Part B deductible is included in the annual plan deductible.

Services	Medicare Pays	Plan Pays	You Pay												
Medicare Approved Amounts	\$0	\$233	\$0 after you have satisfied your annual plan deductible												
Remainder of Medicare Approved Amounts	80%	20%													
Part B Excess Charges – Above Medicare Approved Amounts	\$0	100%													
<p>*Medical Services Co-Payment Amounts by Service</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Doctor's Office Visit</td> <td style="width: 33%;">\$10 Co-pay</td> <td style="width: 33%;">Outpatient Services per Visit</td> <td style="width: 33%;">\$20 Co-pay</td> </tr> <tr> <td>Durable Medical Equipment</td> <td>\$10 Co-pay</td> <td>X-rays or Lab Work in Doctor's Office per Visit</td> <td>\$10 Co-pay</td> </tr> <tr> <td></td> <td></td> <td>X-rays or Lab Work in Outpatient Facility Per Visit</td> <td>\$20 Co-Pay</td> </tr> </table> <p>Co-payments apply after the annual deductible has been satisfied</p>				Doctor's Office Visit	\$10 Co-pay	Outpatient Services per Visit	\$20 Co-pay	Durable Medical Equipment	\$10 Co-pay	X-rays or Lab Work in Doctor's Office per Visit	\$10 Co-pay			X-rays or Lab Work in Outpatient Facility Per Visit	\$20 Co-Pay
Doctor's Office Visit	\$10 Co-pay	Outpatient Services per Visit	\$20 Co-pay												
Durable Medical Equipment	\$10 Co-pay	X-rays or Lab Work in Doctor's Office per Visit	\$10 Co-pay												
		X-rays or Lab Work in Outpatient Facility Per Visit	\$20 Co-Pay												

Emergency Room

Services	You Pay
Emergency Room Professional Services per Visit for Non-Hospital Admission <i>(Applies to both Co-Pay and no Co-Pay Plans)</i>	\$100 Co-Pay

Blood

Services	Medicare Pays	Plan Pays	You Pay
First 3 Pints	\$0	100%	\$0 after you have satisfied your annual plan deductible
Additional Amounts	80%	20%	

Clinical Laboratory Services

Services	Medicare Pays	Plan Pays	You Pay
Blood Tests for Diagnostic Services	100%	\$0	\$10 after you have satisfied your annual plan deductible

MEDICARE PARTS A & B

Home Health Services

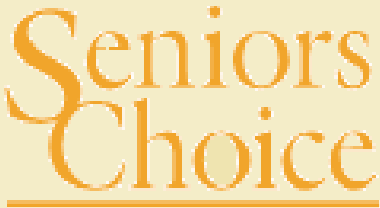
Covered when provided by a Medicare certified home health agency.

Services	Medicare Pays	Plan Pays	You Pay
Limited to Reasonable and Necessary Part-Time or Intermittent Skilled Care	100%	\$0	\$0 after you have satisfied your annual plan deductible
Health Equipment not Limited to Hospital Beds, Oxygen and Medical Supplies for Use at Home	80%	20%	
<i>At Home Recovery Benefits Available with Seniors Choice Optional Plans.</i>			

Foreign Travel Emergency Care

Benefits provided for Medicare approved expenses during the first 60 days of a trip outside of the U.S.A. After a \$250 calendar year deductible, Seniors Choice pays at 80%, up to a \$50,000 lifetime maximum.

*Only applicable to co-pay plans.



Washington Groups Employer Trust Participation Agreement

Underwritten by:



Guarantee Trust Life Insurance Company

Offered through the Merchants Industry Fund Group Insurance Trust

Entity - Employer Information:

Entity Name: _____
 Street Address: _____
 City, State, Zip: _____
 County: _____ Telephone#: (____) _____
 Executive Contact: _____
 Email Address: _____
 Entity Type: Proprietorship (Schedule C or Occ. Lic.) Corporation (Business License)
 Government (Letter) Partnership/LLC (Form 1065)
 Union (Letter) Non-Profit/Religious (Letter)

All applying entities must attach the requested letter or document when initially applying for coverage.

Seniors Choice Coverage Information:

Requested Effective Date (1st day of the month): _____
 Total number of full-time and part-time employees: _____
 Total number of retirees 65 or over with Medicare Parts A and B: _____
 Have you employed 20 or more full-time or part-time employees, 20 or more weeks in the current or previous calendar year? Yes No
(If yes, active employees eligible for the employer sponsored group health plan are not eligible for Seniors Choice)

Seniors Choice Plan Selection:

Medical & Prescription Medical Only Prescription Only

Medical Plan Selection:

Co-pay \$0 Deductible Plan \$100 Deductible Plan \$150 Deductible Plan \$250 Deductible Plan \$500 Deductible Plan \$750 Deductible Plan \$1000 Deductible Plan \$1500 Deductible Plan \$2000 Deductible Plan \$2500 Deductible Plan \$3000 Deductible Plan \$4000 Deductible Plan

Optional Benefit Plan Selection: *(If selected, all members must participate.)*

Private Duty Nursing Comprehensive Wellness
 At Home Recovery Skilled Nursing Coverage
(101 through 365 days per Calendar Year)

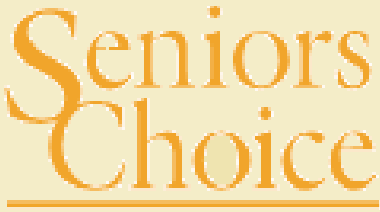
Prescription Drug Plan Selection: *(Select only one Plan)*

Preferred Choice Prescription Drug Plan Premier Prescription Drug Plan



Checks payable to: Seniors Choice
7077 E. Marilyn Road, Building 1
Scottsdale, AZ 85254





Washington Groups Employer Trust Participation Agreement

Underwritten by:



Guarantee Trust Life Insurance Company

Offered through the Merchants Industry Fund Group Insurance Trust

Remittance:

The execution of this agreement does not imply financial responsibility to the entity/employer unless selected by same.

Who should be billed for this coverage? The Entity/Employer The Enrollee

Premium Contribution: *(If the employer contributes to premium, employer is responsible for paying as invoiced.)*

If the enrollee contributes to the premium, enter the amount or percentage of the premium contribution.

Medical Plan %: _____ or \$ _____ **Rx Plan %:** _____ or \$ _____

Current Group Medical Coverage:

List any group medical coverage you are currently offering your employees, retirees, or members.

Insurer Name: _____
Policy Number: _____
Type of Coverage: _____
Effective Date: _____

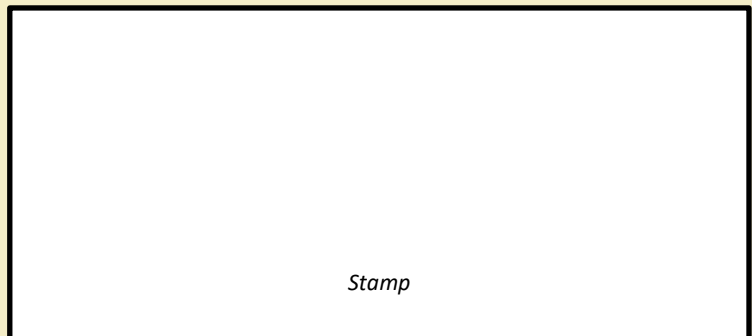
Entity - Employer

Please Note: This application is subject to approval by MBA, Inc. Do not cancel existing coverage until approved in writing by MBA, Inc.

Signature of Sponsor: _____
Title of Sponsor: _____
Name of Sponsor: _____
Date: _____
Authority of Sponsor: Owner Corporate Officer Board member
 Trustee Legal Counsel Human Resources

Agent and General Agent information:

Agency Name: _____ **GA Name:** _____
Street Address: _____ **GA Phone #:** _____
City, State, Zip: _____
Phone Number: _____
Agency Tax ID: _____
Agent SSN: _____
Agent Email: _____
Agent Status: New Appointment Existing Agent
Commissions Paid To: Agent Agency



Stamp

For more information, contact MBA, Inc. at (480) 776-5040 or visit www.mbaadmin.com

Seniors Choice Payment Authorization Form

Return this form to: Fax (480) 776-5054 or email: memberservices@mbaadmin.com

INSURED INFORMATION	
TODAY'S DATE:	
NAME OF INSURED:	
EMAIL ADDRESS:	
POLICY ID NUMBER:	
DATE TO BEGIN*:	
*Payment will be taken on the 1st of every month	

I would like to pay by: EFT CREDIT CARD

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUND TRANSFER	
NAME ON BANK ACCOUNT:	
NAME OF BANK:	
BANK ACCOUNT NUMBER:	
BANK ROUTING NUMBER:	
TYPE OF ACCOUNT:	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING
Please include a copy of a voided check or savings deposit slip	

AUTHORIZATION FOR CREDIT CARD PAYMENT	
CHARGE MY CREDIT CARD:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
CREDIT CARD NUMBER:	
CREDIT CARD EXP DATE:	
NAME ON CREDIT CARD:	
CARD BILLING ADDRESS:	

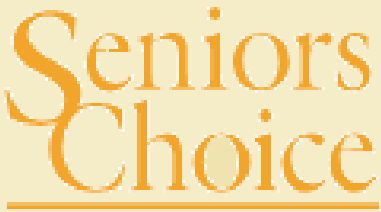
DEDUCTION AUTHORIZATION: I hereby authorize the insurance premiums to be deducted and remitted to Merchants Benefit Administration. This authority is to remain in effect until I cancel it by written notification to Merchants Benefit Administration at least 30 days in advance of the intended termination date of my coverage. (Any excess premiums which may accrue after termination of my coverage will be refunded to me.) There will be a \$15.00 fee associated with an insufficient funds notification.

ACCOUNT HOLDER SIGNATURE

DATE (MM/DD/YYYY)

Questions?
Please call (480) 776-5040





Seniors Choice Group Retiree Medical & Rx Enrollment form



Offered through the Merchants Industry Fund Group Insurance Trust

Section 1 – Enrollee Information (Please Attach a Copy of your Medicare Card)

Enrollee Name: _____
First MI Last

Street Address: _____

City, State, Zip: _____

Telephone #: (____) _____ **SSN:** _____

Medicare # (MBI#): _____ **Date of Birth:** ____/____/____

Email: _____ **Sex:** Male Female

Section 2 – Sponsoring Entity Information

Sponsoring Entity Name: _____

Are you currently employed by your sponsoring entity? Yes No

If Yes: Full-Time Part-Time **If No:** Retired Spouse Other

Section 3 – Current Coverage Information

Do you have Medicare Part B coverage? Yes No
(You must have Part B coverage effective on or before the requested effective date.)

Are you currently covered under any employer/union provided group medical plan, Medicare Supplement Plan, or Medicare Advantage Plan? Yes No
(If yes, in order to be eligible for Seniors Choice you must terminate this coverage on or before the requested effective date.)

Are you currently enrolled in a Prescription Drug Plan? Yes No

If yes, Plan Type:

Medicare Part D Discount Drug Plan **Carrier Name:** _____

Medicare Advantage PDP Employer/Union Group Plan **Plan Name:** _____

Section 4 – Seniors Choice Medical & Prescription Plan Selection

You can only enroll in a medical or prescription plan that has been elected by your sponsoring entity.

Requested Effective Date: _____

Medical & Prescription Medical Only Prescription Only

Medical Plan Selection:

Co-pay

<input type="checkbox"/> \$0 Deductible Plan	<input type="checkbox"/> \$500 Deductible Plan	<input type="checkbox"/> \$2000 Deductible Plan
<input type="checkbox"/> \$100 Deductible Plan	<input type="checkbox"/> \$750 Deductible Plan	<input type="checkbox"/> \$2500 Deductible Plan
<input type="checkbox"/> \$150 Deductible Plan	<input type="checkbox"/> \$1000 Deductible Plan	<input type="checkbox"/> \$3000 Deductible Plan
<input type="checkbox"/> \$250 Deductible Plan	<input type="checkbox"/> \$1500 Deductible Plan	<input type="checkbox"/> \$4000 Deductible Plan

Prescription Plan Selection: (You must be retired or part-time to enroll.)

Preferred-Choice Prescription Drug Plan Premier Prescription Drug Plan



7077 E. Marilyn Road, Building 1
Scottsdale, AZ 85254



Terms and Conditions of Enrollment:

Seniors Choice is not a Medicare Supplement Plan. Seniors Choice is an Employer Group Retiree Medical Plan that coordinates with Medicare. You must be age 65 or over and be enrolled in Medicare Parts A & B to participate in this program. If you have a Medicare Supplement plan, you may not need both the Medicare Supplement plan and the Seniors Choice Employer Group Retiree Program. On behalf of myself, and my eligible dependents, I am requesting enrollment under the Senior Choice Plans offered through my former (or current TEFRA eligible) employer. By signing this enrollment form, I agree to and understand the following:

- 1) **Medical Coverage:** Subject to the terms and conditions of the GTL Master Policy.
- 2) **Medical Coverage:** GTL or its designee shall have access to and use of me and my dependents medical records for purposes of utilization review, processing claims, financial audit or other purposes reasonably related to the performance of this Enrollment form.
- 3) **Medical Coverage:** Do not cancel existing medical coverage until approved in writing by MBA, Inc. During the time that you are covered by an employer's health plan that is primary to Medicare, the Seniors Choice plan will not provide coverage.
- 4) **Prescription Coverage:** Is provided by Humana. The Medicare Prescription Drug Coverage is provided by Humana Medicare Prescription Drug Plan which is a creditable Part D Plan as governed by CMS.
- 5) **Prescription Coverage:** By joining this Medicare Prescription Drug Plan, I acknowledge that Humana Medicare Prescription Drug Plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Humana Medicare Prescription Drug Plan will release my information, including my prescription drug event date, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations.
- 6) **The Seniors Choice Prescription Drug Plan** is a Medicare drug plan and is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare coverage. It is my responsibility to inform the Seniors Choice Prescription Drug Plan of any prescription drug coverage that I have or may get in the future. I can only be in one Medicare prescription drug plan at a time. If I am currently in a Medicare prescription drug plan, my enrollment in the Seniors Choice Prescription Drug Plan will end that enrollment. Enrollment in this plan is generally for the entire year. I may leave this plan only at certain times of the year, or under certain special circumstances, by sending a request to:
 - a. The Seniors Choice Prescription Drug Plan or by calling 1-800-Medicare, 24 hours per day, 7 days per week.
 - b. TTY users should call 1-877-486-2048. Final approval of the effective date of enrollment is determined by CMS.
- 7) **Prescription Coverage:** I understand that if I leave this plan and do not have or obtain other Medicare prescription drug coverage or creditable coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.
- 8) **Prescription Coverage:** Once I am a member of Humana Medicare Prescription Drug Plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Humana Medicare Prescription Drug Plan when I receive it to know which rules I must follow in order to receive coverage with this Medicare drug plan.
- 9) The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be dis-enrolled from the plan.
- 10) I understand that my signature (or the signature of the person authorized to act on behalf of the individual under the laws of the State where the individual resides) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that:
 - a. This person is authorized under State law to complete this enrollment and
 - b. Documentation of this authority is available upon request by the Seniors Choice Prescription Drug Plan or by Medicare.
- 11) Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- 12) A retiree or the dependent spouse or domestic partner of a retiree must: (a) be age 65 or older, (b) be covered under Medicare Parts A and B, (c) not be eligible for Medicaid, (d) not be covered under a Medicare Supplement policy or certificate, (e) not be covered by an employer's health plan which is primary to Medicare due to employment of such person, and (f) not be confined to a Hospital or Skilled Nursing Home on the effective date of coverage. If a retiree or dependent spouse is confined to a Hospital or Skilled Nursing Home on the effective date of coverage, coverage will be delayed until the day after the date of release from the Hospital or Skilled Nursing Home.

Enrollee Signature: _____

Date: _____

For more information, contact MBA, Inc. at (480) 776-5040 or visit www.mbaadmin.com

SENIORS CHOICE ENROLLMENT CHECKLIST

For New Sponsoring Entity

Required paperwork:

- Employer Trust Agreement (with **physical** address)
- Supporting Business Entity Documentation (Depending on Entity Type – Specification are listed on the Employer Trust Participation Agreement and in the Eligibility Guidelines)

For New Enrollee

Required paperwork:

- Enrollment Application (with **physical** address)
- Copy of Medicare card
- First month’s premium is due at time of request for new groups and for add-ons of individually billed groups. Add-ons for individually billed groups must pay via EFT or CC. For groups, we will accept a copy of the check payable to: “Seniors Choice” to start the process and approve, but the check must be received by the enrollment deadline date. Otherwise, enrollment will be pushed to the next month.

Enrollment Submission Deadline Dates

Effective Date	Enrollment Receipt Deadline Seniors Choice Medical (By Noon MST)	Enrollment Receipt Deadline Seniors Choice Part D (By Noon MST)
1-Jan	5-Jan	6-Dec
1-Feb	4-Feb	5-Jan
1-March	4-March	4-Feb
1-April	5-April	4-March
1-May	5-May	5-April
1-June	6-June	5-May
1-July	5-July	6-June
1-Aug	5-Aug	5-July
1-Sept	5-Sept	5-Aug
1-Oct	5-Oct	5-Sept
1-Nov	4-Nov	5-Oct
1-Dec	5-Dec	4-Nov



Merchants Benefit Administration
 7077 E. Marilyn Road, Building 1
 Scottsdale, AZ 85254

accountservices@mbadmin.com
 480-776-5054

