### HEARTLAND NATIONAL LIFE INSURANCE COMPANY

Medicare Supplement Administrative Office: PO Box 10812, Clearwater, FL 33757-8812



### APPLICATION FOR MEDICARE SUPPLEMENT INSURANCE

### **UTAH**



# HEARTLAND NATIONAL LIFE INSURANCE COMPANY Outline of Medicare Supplement Coverage

Benefit Plans A, D, F, G, M, and N

Benefit Chart of Medicare Supplement Plans Sold for Effective Dates on or After June 1, 2010

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan "A" available. Some plans may not be available in your state. Plans E, H, I, and J are no longer available for sale.

### Basic Benefits:

- Hospitalization Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- Medical Expenses Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.
- Blood First three pints of blood each year.
- Hospice Part A coinsurance

- eoids	Hospice – Part A coinsurance	nsurance		•					
	B	ပ	۵	<u>*</u>	<b>o</b>	¥	<b>-</b>	Σ	Z
~~	Basic,	Basic,	Basic,	Basic,	Basic,	Hospitalization	Hospitalization	Basic,	Basic, including
ĭ	luding	including	including	including	including	and preventive	and preventive	including	100 % Part B
ŏ	100%	100%	100%	100%	100%	care paid at	care paid at	100%	coinsurance
ā	1B	Part B	Part B	Part B	Part B	100%; other	100%; other	Part B	except up to
ō	coinsurance	coinsurance	coinsurance	coinsurance*	* coinsurance	basic benefits	basic benefits	coinsurance	\$20 copayment
						paid at 50%	paid at 75%		for office visit.
									and up to \$50
									copayment for
									ER.
		Skilled	Skilled	Skilled	Skilled	50% Skilled	75% Skilled	Skilled	Skilled
		Nursing	Nursing	Nursing	Nursing	Nursing	Nursing	Nursing	Nursing
		Facility	Facility	Facility	Facility	Facility	Facility	Facility	Facility
		Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance
a	Part A	Part A	Part A	Part A	Part A	50% Part A	75% Part A	50% Part A	Part A
ĕ	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
		Part B		Part B					
		Deductible		Deductible					
				Part B	Part B				
				Excess	Excess				
				(100 %)	(100%)				
		Foreign	Foreign	Foreign	Foreign			Foreign	Foreign
		Travel	Travel	Travel	Travel			Travel	Travel
		Emergency	Emergency	Emergency	Emergency			Emergency	Emergency
						Out- of-pocket	Out-of -Pocket		
						limit \$4640	limit \$2320		

\*Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2000 deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed \$2000. Outof-pocket expenses for this deductible are expenses that would ordinarily be paid by the Policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

paid at 100% after limit reached

paid at 100% after limit

reached

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N/A 962 1,008 1,055 1,099

1,174

1,230

Plan N

Plan M

1,143 1,188

### **UTAH Standard Plans MALE Rates - ANNUAL**

For use in all zip codes

Age         Plan A         Plan D         Plan G         Plan M         Plan M         Plan D         Plan D <th>Attained</th> <th></th> <th>_</th> <th>Non-Tobacco User</th> <th>co User</th> <th></th> <th></th> <th>Attained</th> <th></th> <th></th> <th>Tobacco User</th> <th>User</th>	Attained		_	Non-Tobacco User	co User			Attained			Tobacco User	User
N/A	Age	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N	Age	Plan A	Plan D	Plan F	Plan G
864         1,074         1,244         1,092         1,006         866         949         1,193         1,382           936         1,128         1,294         1,047         1,066         908         66         994         1,124         1,594         1,443         395         1,178         1,234         1,206         1,374         1,407         1,696         994         1,179         1,234         1,409         1,147         1,096         1,099         1,006         1,149         1,248         1,696         1,149         1,144         1,604         1,144         1,006         1,149         1,144         1,006         1,149         1,144 <td< td=""><td>0-64</td><td>A/N</td><td>A/N</td><td>A/N</td><td>N/A</td><td>A/A</td><td>A/N</td><td>0-64</td><td>Y/N</td><td>A/N</td><td>N/A</td><td>N/A</td></td<>	0-64	A/N	A/N	A/N	N/A	A/A	A/N	0-64	Y/N	A/N	N/A	N/A
895         1,128         1,299         1,147         1,056         908         66         994         1,254         1,443           937         1,183         1,324         1,202         1,107         949         66         1,079         1,371         1,604           971         1,234         1,404         1,264         1,147         990         68         1,079         1,371         1,604           1,006         1,284         1,455         1,306         1,294         1,610         1,440         1,248         1,110         1,106         1,444         1,614           1,115         1,437         1,610         1,460         1,294         1,110         1,209         1,731         1,614         1,731         1,614         1,731         1,731         1,731         1,731         1,731         1,731         1,731         1,731         1,731         1,731         1,731         1,731         1,731         1,731         1,731         1,731         1,732         1,732         1,732         1,738         1,664         1,731         1,731         1,731         1,731         1,731         1,731         1,731         1,731         1,731         1,731         1,742         1,732	92	854	1,074	1,244	1,092	1,005	998	65	949	1,193	1,382	1,213
935 1,183 1,334 1,202 1,107 949 67 1039 1,314 1,504 1,006 1,284 1,464 1,254 1,164 1,294 1,464 1,254 1,164 1,294 1,464 1,254 1,164 1,294 1,464 1,294 1,464 1,294 1,464 1,294 1,464 1,294 1,464 1,294 1,469 1,367 1,409 1,295 1,111 1,115 1,437 1,610 1,480 1,567 1,409 1,295 1,111 1,115 1,437 1,610 1,480 1,564 1,382 1,160 1,382 1,167 1,164 1,583 1,604 1,382 1,167 1,164 1,583 1,604 1,583 1,461 1,294 1,897 1,294 1,897 1,294 1,897 1,294 1,897 1,294 1,897 1,294 1,897 1,294 1,897 1,294 1,897 1,294 1,897 1,294 1,897 1,294 1,897 1,294 1,797 1,822 1,497 1,294 1,897 1,294 1,797 1,822 1,497 1,294 1,997 1,294 1,797 1,822 1,497 1,294 1,997 1,294 1,997 1,994 1,797 1,892 1,997 1,994 1,797 1,892 1,997 1,994 1,797 1,892 1,997 1,994 1,797 1,892 1,997 1,994 1,797 1,892 1,997 1,994 1,797 1,892 1,997 1,994 1,797 1,892 1,997 1,994 1,797 1,994 1,997 1,994 1,797 1,994 1,997 1,994 1,997 1,994 1,997 1,994 1,797 1,994 1,994 1,994 1,	99	895	1,128	1,299	1,147	1,056	806	99	994	1,254	1,443	1,275
971         1,234         1,404         1,254         1,154         990         68         1,119         1,371         1,561           1,006         1,284         1,566         1,204         1,070         69         1,119         1,484         1,671           1,006         1,386         1,506         1,306         1,248         1,719         1,484         1,674           1,047         1,386         1,567         1,400         1,892         1,111         7         1,220         1,561         1,731           1,140         1,480         1,587         1,418         7         1,288         1,586         1,788         1,888         1,898         1,499         1,898         1,499         1,499         1,499	29	932	1,183	1,354	1,202	1,107	949	29	1,039	1,314	1,504	1,336
1,006         1,224         1,455         1,306         1,201         1,109         1,428         1,619         1,619         1,619         1,619         1,619         1,614         1,619         1,618 <td< td=""><td>89</td><td>971</td><td>1,234</td><td>1,404</td><td>1,254</td><td>1,154</td><td>066</td><td>89</td><td>1,079</td><td>1,371</td><td>1,561</td><td>1,394</td></td<>	89	971	1,234	1,404	1,254	1,154	066	89	1,079	1,371	1,561	1,394
1,042         1,335         1,506         1,357         1,248         1,077         1,186         1,484         1,674           1,140         1,386         1,557         1,409         1,285         1,111         71         1,160         1,484         1,677           1,140         1,480         1,653         1,504         1,382         1,187         73         1,266         1,644         1,837           1,140         1,480         1,653         1,504         1,382         1,487         73         1,266         1,644         1,837           1,144         1,524         1,696         1,548         1,422         1,223         74         1,294         1,692         1,886           1,240         1,564         1,580         1,637         1,600         1,396         76         1,350         1,886         1,889           1,240         1,688         1,687         1,600         1,394         1,78         1,394         1,876         1,490         1,394           1,244         1,677         1,979         1,886         1,687         1,687         1,489         1,490         1,490         1,490           1,244         1,374         1,489         1	69	1,006	1,284	1,455	1,306	1,201	1,030	69	1,119	1,428	1,618	1,452
1,077         1,386         1,557         1,409         1,295         1,111         71         1,200         1,541         1,731           1,140         1,487         1,610         1,440         1,343         1,150         1,266         1,644         1878           1,140         1,487         1,610         1,440         1,343         1,150         1,460         1,343         1,150         1,664         1,686         1,548         1,626         1,644         1886           1,140         1,524         1,696         1,548         1,422         1,229         77         1,294         1,692         1,886           1,240         1,567         1,740         1,589         1,461         1,260         75         1,379         1,886         1,984           1,240         1,688         1,781         1,600         1,394         79         1,440         1,981         2,071           1,284         1,781         1,886         1,671         1,670         1,487         1,467         1,981         2,071           1,309         1,822         1,671         1,672         1,487         82         1,440         1,981         2,071           1,309         1,	20	1,042	1,335	1,506	1,357	1,248	1,070	70	1,160	1,484	1,674	1,509
1,115         1,437         1,610         1,460         1,343         1,150         72         1,238         1,596         1,788           1,140         1,480         1,664         1,684         1,684         1,882         1,644         1,892         1,740         1,893         1,641         1,882         1,644         1,892         1,887         1,144         1,664         1,882         1,644         1,892         1,740         1,893         1,461         1,260         1,266         1,644         1,692         1,886         1,883         1,461         1,260         1,326         1,740         1,893         1,461         1,260         1,344         1,994         1,984         1,984         1,984         1,986         1,984         1,984         1,986         1,984         1,986         1,984         1,986         1,984         1,986         1,984<	71	1,077	1,386	1,557	1,409	1,295	1,111	71	1,200	1,541	1,731	1,567
1,140         1,480         1,653         1,504         1,382         1,187         73         1,266         1,644         1,837           1,140         1,480         1,654         1,382         1,187         74         1,294         1,692         1,886           1,164         1,524         1,696         1,548         1,422         1,223         1,788         1,986           1,189         1,574         1,583         1,690         1,296         76         1,329         1,886         1,888         1,888         1,888         1,888         1,888         1,888         1,888         1,888         1,889         1,771         1,894         1,876         1,934         1,888         1,949         1,949         1,949         1,949         1,949         1,440         1,991         2,100         1,994         1,440         1,991         2,100         1,994         1,487         80         1,465         2,071         1,489         1,487         80         1,465         2,071         1,489         1,489         1,440         1,991         2,100         1,994         1,140         1,991         2,100         1,994         1,140         1,991         2,100         1,994         1,470         2,1	72	1,115	1,437	1,610	1,460	1,343	1,150	72	1,238	1,596	1,788	1,622
1,164         1,524         1,696         1,548         1,422         1,223         74         1,294         1,692         1,886           1,189         1,567         1,740         1,593         1,461         1,260         1,76         1,392         1,740         1,935           1,214         1,610         1,783         1,637         1,500         1,296         76         1,332         1,740         1,935           1,244         1,610         1,783         1,637         1,394         1,770         1,335         1,337         1,337         1,384         1,876         2,071           1,254         1,688         1,863         1,716         1,570         1,362         78         1,394         1,876         2,071           1,254         1,688         1,771         1,631         77         1,379         1,884         1,944         2,110         2,071           1,284         1,787         1,682         1,693         1,487         82         1,445         2,031         2,266           1,309         1,826         1,979         1,986         1,548         1,445         2,149         2,071           1,318         1,826         1,979         1	73	1,140	1,480	1,653	1,504	1,382	1,187	73	1,266	1,644	1,837	1,671
1,189         1,567         1,740         1,593         1,461         1,260         75         1,322         1,740         1,935           1,240         1,653         1,637         1,500         1,296         76         1,379         1,788         1,984           1,240         1,653         1,680         1,530         1,362         77         1,379         1,883         1,984           1,254         1,683         1,716         1,500         1,394         79         1,409         1,914         2,110           1,264         1,722         1,889         1,751         1,600         1,394         79         1,409         1,914         2,110           1,284         1,787         1,681         1,487         80         1,425         1,991         2,149           1,284         1,787         1,682         1,487         82         1,440         1,914         2,110           1,394         1,886         1,991         1,774         1,548         82         1,446         2,031         2,149           1,335         1,991         2,004         1,886         1,774         1,548         1,484         2,136         2,30           1,344	74	1,164	1,524	1,696	1,548	1,422	1,223	74	1,294	1,692	1,886	1,720
1,214         1,610         1,783         1,637         1,296         76         1,350         1,788         1,984           1,240         1,653         1,828         1,680         1,530         1,331         77         1,379         1,883         2,031           1,254         1,688         1,883         1,716         1,570         1,394         79         1,409         1,914         2,071           1,287         1,77         1,600         1,362         1,426         80         1,440         1,914         2,110           1,284         1,777         1,899         1,787         1,662         1,457         80         1,440         1,991         2,100           1,309         1,828         2,004         1,886         1,721         1,516         83         1,445         2,100         2,226           1,309         1,828         2,004         1,886         1,721         1,516         83         1,445         2,100         2,226           1,309         1,889         1,977         1,546         82         1,445         2,100         2,286           1,309         1,886         1,777         1,546         84         1,475         2,100	75	1,189	1,567	1,740	1,593	1,461	1,260	75	1,322	1,740	1,935	1,769
1,240         1,653         1,828         1,680         1,539         1,379         1,837         2,031           1,254         1,688         1,863         1,76         1,570         1,382         78         1,394         1,876         2,071           1,267         1,722         1,899         1,751         1,600         1,394         1,876         2,071           1,281         1,721         1,934         1,787         1,631         1,426         80         1,442         1,914         2,110           1,284         1,781         1,631         1,426         80         1,445         1,991         2,149           1,309         1,828         2,004         1,856         1,697         1,446         82         1,446         1,991         2,149           1,318         1,889         2,004         1,856         1,649         1,446         1,991         2,149         1,574         1,446         1,991         2,149         1,446         1,991         2,149         1,571         1,549         1,446         1,991         2,189         1,549         1,446         2,001         2,189         1,549         1,446         2,001         2,189         1,549         1,446	9/	1,214	1,610	1,783	1,637	1,500	1,296	92	1,350	1,788	1,984	1,818
1,254         1,688         1,863         1,716         1,570         1,362         78         1,394         1,876         2,071           1,267         1,722         1,899         1,751         1,600         1,394         79         1,499         1,914         2,110           1,281         1,757         1,934         1,787         1,630         1,487         80         1,440         1,991         2,149           1,294         1,751         1,934         1,787         1,632         1,487         82         1,495         1,991         2,189           1,309         1,828         2,004         1,826         1,721         1,487         82         1,455         2,031         2,226           1,318         1,829         2,004         1,866         1,721         1,516         83         1,455         2,031         2,226           1,327         1,889         2,066         1,948         1,777         1,573         85         1,484         2,135         2,330           1,344         1,951         2,126         1,979         1,682         1,632         86         1,484         2,135         2,301           1,344         1,951         2,126 <td>27</td> <td>1,240</td> <td>1,653</td> <td>1,828</td> <td>1,680</td> <td>1,539</td> <td>1,331</td> <td>77</td> <td>1,379</td> <td>1,837</td> <td>2,031</td> <td>1,866</td>	27	1,240	1,653	1,828	1,680	1,539	1,331	77	1,379	1,837	2,031	1,866
1,267         1,722         1,899         1,751         1,600         1,394         79         1,409         1,914         2,110           1,281         1,757         1,934         1,787         1,600         1,394         79         1,409         1,914         2,110           1,294         1,771         1,825         1,662         1,457         81         1,445         1,953         2,149           1,309         1,828         2,004         1,856         1,621         1,487         82         1,445         2,031         2,226           1,318         1,889         2,034         1,886         1,624         1,545         83         1,465         2,066         2,261           1,324         1,951         2,034         1,886         1,777         1,573         85         1,446         2,136         2,261           1,344         1,951         2,106         1,979         1,805         1,602         86         1,444         2,135         2,330           1,344         1,951         2,126         1,979         1,805         1,602         86         1,444         2,135         2,261           1,344         1,951         2,126         1,979 <td>78</td> <td>1,254</td> <td>1,688</td> <td>1,863</td> <td>1,716</td> <td>1,570</td> <td>1,362</td> <td>78</td> <td>1,394</td> <td>1,876</td> <td>2,071</td> <td>1,906</td>	78	1,254	1,688	1,863	1,716	1,570	1,362	78	1,394	1,876	2,071	1,906
1,281         1,757         1,934         1,787         1,631         1,426         1,425         1,953         2,149           1,294         1,791         1,970         1,822         1,662         1,457         81         1,440         1,991         2,189           1,309         1,828         2,004         1,856         1,662         1,457         82         1,440         1,991         2,189           1,309         1,828         2,004         1,856         1,693         1,440         1,991         2,189           1,327         1,889         2,034         1,777         1,548         1,475         2,001         2,285           1,344         1,981         2,126         1,979         1,548         1,573         2,136         2,330           1,344         1,981         2,127         2,011         1,873         1,662         86         1,494         2,136         2,330           1,344         1,981         2,127         2,011         1,841         1,641         88         1,484         2,136         2,330           1,360         1,991         2,168         2,021         1,841         1,641         89         1,520         2,224	79	1,267	1,722	1,899	1,751	1,600	1,394	79	1,409	1,914	2,110	1,945
1,294         1,791         1,970         1,822         1,662         1,457         81         1,440         1,991         2,189           1,309         1,828         2,004         1,856         1,693         1,487         82         1,455         2,031         2,226           1,318         1,889         2,004         1,866         1,693         1,487         82         1,455         2,031         2,226           1,318         1,889         2,004         1,886         1,771         1,573         84         1,475         2,100         2,295           1,337         1,989         2,066         1,948         1,777         1,573         85         1,484         2,135         2,330           1,344         1,951         2,126         1,979         1,805         1,602         86         1,484         2,135         2,330           1,354         1,981         2,126         1,979         1,805         1,602         86         1,484         2,135         2,330           1,360         1,991         2,168         1,871         1,602         86         1,484         2,135         2,330           1,360         1,991         2,184         1,602 <td>80</td> <td>1,281</td> <td>1,757</td> <td>1,934</td> <td>1,787</td> <td>1,631</td> <td>1,426</td> <td>80</td> <td>1,425</td> <td>1,953</td> <td>2,149</td> <td>1,984</td>	80	1,281	1,757	1,934	1,787	1,631	1,426	80	1,425	1,953	2,149	1,984
1,309         1,828         2,004         1,856         1,693         1,487         82         1,455         2,031         2,226           1,318         1,859         2,034         1,886         1,721         1,516         83         1,465         2,066         2,261           1,327         1,889         2,065         1,917         1,749         1,545         84         1,475         2,100         2,296           1,335         1,920         2,096         1,948         1,777         1,573         85         1,484         2,135         2,296           1,344         1,961         2,126         1,979         1,805         1,602         86         1,484         2,135         2,330           1,344         1,961         2,126         1,979         1,805         1,602         86         1,484         2,135         2,307           1,344         1,961         2,011         1,832         1,602         86         1,484         2,135         2,307           1,367         2,011         1,832         1,602         86         1,494         2,170         2,202         2,397           1,367         2,011         1,841         1,644         2,170 <td>81</td> <td>1,294</td> <td>1,791</td> <td>1,970</td> <td>1,822</td> <td>1,662</td> <td>1,457</td> <td>81</td> <td>1,440</td> <td>1,991</td> <td>2,189</td> <td>2,024</td>	81	1,294	1,791	1,970	1,822	1,662	1,457	81	1,440	1,991	2,189	2,024
1,318         1,859         2,034         1,886         1,721         1,516         83         1,465         2,066         2,261           1,327         1,889         2,065         1,917         1,777         1,573         85         1,484         2,135         2,396           1,334         1,920         2,096         1,948         1,777         1,573         86         1,494         2,135         2,330           1,344         1,951         2,126         1,979         1,805         1,602         86         1,494         2,170         2,364           1,344         1,951         2,126         1,979         1,805         1,602         86         1,494         2,170         2,364           1,367         2,012         2,168         2,021         1,841         1,641         88         1,512         2,429           1,367         2,010         2,189         2,021         1,841         1,649         89         1,520         2,242         2,421           1,374         2,010         2,189         2,042         1,860         1,668         90         1,527         2,246         2,434           1,387         2,020         2,213         2,042 <td>82</td> <td>1,309</td> <td>1,828</td> <td>2,004</td> <td>1,856</td> <td>1,693</td> <td>1,487</td> <td>82</td> <td>1,455</td> <td>2,031</td> <td>2,226</td> <td>2,062</td>	82	1,309	1,828	2,004	1,856	1,693	1,487	82	1,455	2,031	2,226	2,062
1,327         1,889         2,065         1,917         1,749         1,545         84         1,475         2,100         2,295           1,335         1,920         2,096         1,948         1,777         1,573         85         1,484         2,135         2,330           1,344         1,951         2,126         1,979         1,805         1,602         86         1,494         2,170         2,364           1,354         1,981         2,126         1,979         1,805         1,602         86         1,494         2,170         2,364           1,354         1,981         2,127         2,011         1,832         1,632         87         1,504         2,202         2,397           1,360         1,991         2,167         2,021         1,841         1,649         2,170         2,364           1,367         2,001         2,168         2,021         1,841         1,649         2,170         2,364           1,374         2,010         2,178         2,021         1,860         1,658         90         1,527         2,236         2,446           1,387         2,030         2,199         2,052         1,870         1,684         93<	83	1,318	1,859	2,034	1,886	1,721	1,516	83	1,465	2,066	2,261	2,097
1,335         1,920         2,096         1,948         1,777         1,573         85         1,484         2,135         2,330           1,344         1,951         2,126         1,979         1,805         1,602         86         1,494         2,170         2,364           1,344         1,981         2,126         1,979         1,805         1,602         86         1,494         2,170         2,364           1,360         1,991         2,168         2,021         1,841         1,649         89         1,512         2,202         2,397           1,367         2,001         2,178         2,021         1,841         1,649         89         1,520         2,224         2,409           1,367         2,001         2,178         2,031         1,860         1,658         90         1,527         2,234         2,434           1,374         2,010         2,189         2,042         1,860         1,667         91         1,527         2,236         2,446           1,380         2,020         2,199         2,062         1,880         1,667         92         1,543         2,456           1,394         2,042         1,889         1,667 <td>84</td> <td>1,327</td> <td>1,889</td> <td>2,065</td> <td>1,917</td> <td>1,749</td> <td>1,545</td> <td>84</td> <td>1,475</td> <td>2,100</td> <td>2,295</td> <td>2,131</td>	84	1,327	1,889	2,065	1,917	1,749	1,545	84	1,475	2,100	2,295	2,131
1,344         1,951         2,126         1,979         1,805         1,602         86         1,494         2,170         2,364           1,354         1,981         2,126         2,011         1,832         1,632         87         1,504         2,202         2,397           1,360         1,991         2,168         2,021         1,841         1,649         89         1,512         2,213         2,409           1,367         2,001         2,178         2,031         1,851         1,649         89         1,520         2,224         2,421           1,374         2,010         2,189         2,042         1,860         1,668         90         1,520         2,224         2,434           1,387         2,020         2,199         2,042         1,870         1,667         91         1,573         2,247         2,446           1,387         2,020         2,199         2,052         1,870         1,667         91         1,516         2,236         2,446           1,387         2,030         2,210         2,063         1,889         1,684         93         1,550         2,279         2,486           1,401         2,052         2,233 <td>82</td> <td>1,335</td> <td>1,920</td> <td>2,096</td> <td>1,948</td> <td>1,777</td> <td>1,573</td> <td>85</td> <td>1,484</td> <td>2,135</td> <td>2,330</td> <td>2,166</td>	82	1,335	1,920	2,096	1,948	1,777	1,573	85	1,484	2,135	2,330	2,166
1,354         1,981         2,157         2,011         1,832         1,632         87         1,504         2,202         2,397           1,360         1,991         2,168         2,021         1,841         1,649         88         1,512         2,213         2,409           1,367         2,001         2,178         2,021         1,841         1,649         89         1,520         2,224         2,409           1,367         2,010         2,189         2,042         1,860         1,658         90         1,527         2,234         2,434           1,387         2,020         2,199         2,052         1,870         1,667         91         1,535         2,247         2,446           1,387         2,030         2,210         2,063         1,880         1,675         92         1,543         2,259         2,459           1,394         2,041         2,221         2,074         1,889         1,684         93         1,560         2,279         2,484           1,401         2,052         2,244         2,094         1,908         1,701         96         1,573         2,305         2,99           1,414         2,073         2,268	98	1,344	1,951	2,126	1,979	1,805	1,602	98	1,494	2,170	2,364	2,200
1,360       1,991       2,168       2,021       1,841       1,641       88       1,512       2,213       2,409         1,367       2,001       2,178       2,031       1,851       1,649       89       1,520       2,224       2,421         1,374       2,010       2,189       2,042       1,860       1,658       90       1,527       2,236       2,434         1,380       2,020       2,199       2,062       1,870       1,667       92       1,535       2,247       2,446         1,387       2,020       2,199       2,063       1,889       1,684       93       1,543       2,259       2,459         1,384       2,041       2,221       2,074       1,889       1,684       93       1,550       2,270       2,471         1,401       2,052       2,233       2,084       1,899       1,692       94       1,558       2,282       2,484         1,407       2,062       2,244       2,095       1,908       1,711       96       1,573       2,305       2,508         1,421       2,083       2,266       2,116       1,928       1,718       97       1,589       2,328       2,533	87	1,354	1,981	2,157	2,011	1,832	1,632	87	1,504	2,202	2,397	2,235
1,367       2,001       2,178       2,031       1,851       1,649       89       1,520       2,224       2,421         1,374       2,010       2,189       2,042       1,860       1,658       90       1,527       2,236       2,434         1,380       2,020       2,199       2,052       1,870       1,667       92       1,543       2,247       2,446         1,387       2,030       2,210       2,063       1,889       1,684       93       1,543       2,259       2,459         1,394       2,041       2,221       2,074       1,889       1,684       93       1,543       2,259       2,459         1,401       2,052       2,233       2,084       1,899       1,692       94       1,558       2,282       2,484         1,407       2,062       2,244       2,095       1,908       1,711       96       1,573       2,305       2,508         1,421       2,083       2,266       2,116       1,928       1,718       97       1,589       2,305       2,530         1,428       2,094       2,279       2,126       1,937       1,727       99       1,596       2,340       2,546	88	1,360	1,991	2,168	2,021	1,841	1,641	88	1,512	2,213	2,409	2,246
1,374       2,010       2,189       2,042       1,860       1,658       90       1,527       2,236       2,434         1,380       2,020       2,199       2,052       1,870       1,667       91       1,535       2,247       2,446         1,387       2,020       2,199       2,063       1,880       1,675       92       1,543       2,259       2,459         1,384       2,041       2,221       2,074       1,889       1,684       93       1,543       2,259       2,471         1,401       2,052       2,221       2,074       1,889       1,684       93       1,558       2,282       2,484         1,407       2,062       2,244       2,095       1,908       1,701       96       1,573       2,305       2,508         1,421       2,083       2,266       2,106       1,918       1,718       97       1,589       2,305       2,508         1,428       2,094       2,279       2,126       1,937       1,727       98       1,589       2,340       2,546         1,434       2,104       2,947       1,736       99       1,596       2,340       2,546	88	1,367	2,001	2,178	2,031	1,851	1,649	88	1,520	2,224	2,421	2,258
1,380       2,020       2,199       2,052       1,870       1,667       91       1,535       2,247       2,446         1,387       2,030       2,210       2,063       1,880       1,675       92       1,543       2,259       2,459         1,394       2,041       2,221       2,074       1,889       1,684       93       1,550       2,270       2,471         1,401       2,052       2,233       2,084       1,899       1,692       94       1,558       2,282       2,484         1,407       2,062       2,244       2,095       1,908       1,701       96       1,573       2,305       2,508         1,421       2,073       2,268       2,116       1,928       1,718       97       1,581       2,316       2,521         1,428       2,094       2,279       2,126       1,937       1,727       98       1,589       2,340       2,546         1,434       2,104       2,291       2,137       1,736       99       1,596       2,340       2,546	06	1,374	2,010	2,189	2,042	1,860	1,658	06	1,527	2,236	2,434	2,269
1,387       2,030       2,210       2,063       1,880       1,675       92       1,543       2,259       2,459         1,394       2,041       2,221       2,074       1,889       1,684       93       1,550       2,270       2,471         1,401       2,052       2,233       2,084       1,899       1,692       94       1,558       2,282       2,484         1,407       2,062       2,244       2,095       1,908       1,701       96       1,573       2,395       2,496         1,421       2,073       2,256       2,105       1,918       1,710       96       1,573       2,305       2,508         1,428       2,094       2,279       2,126       1,937       1,727       98       1,589       2,328       2,533         1,434       2,104       2,291       2,137       1,947       1,736       99       1,596       2,340       2,546	91	1,380	2,020	2,199	2,052	1,870	1,667	91	1,535	2,247	2,446	2,281
1,394       2,041       2,221       2,074       1,889       1,684       93       1,550       2,270       2,471         1,401       2,052       2,233       2,084       1,899       1,692       94       1,558       2,282       2,484         1,407       2,062       2,244       2,095       1,908       1,701       95       1,566       2,293       2,496         1,414       2,073       2,256       2,105       1,918       1,710       96       1,573       2,305       2,508         1,421       2,083       2,268       2,116       1,928       1,718       97       1,581       2,316       2,521         1,428       2,094       2,279       2,126       1,937       1,777       98       1,589       2,328       2,533         1,434       2,104       2,291       2,137       1,947       1,736       99       1,596       2,340       2,546	92	1,387	2,030	2,210	2,063	1,880	1,675	92	1,543	2,259	2,459	2,292
1,401       2,052       2,233       2,084       1,899       1,692       94       1,558       2,282       2,484         1,407       2,062       2,244       2,095       1,908       1,701       95       1,566       2,293       2,496         1,414       2,073       2,256       2,105       1,918       1,710       96       1,573       2,305       2,508         1,421       2,083       2,268       2,116       1,928       1,718       97       1,581       2,316       2,521         1,428       2,094       2,279       2,126       1,937       1,777       98       1,589       2,328       2,533         1,434       2,104       2,291       2,137       1,947       1,736       99       1,596       2,340       2,546	93	1,394	2,041	2,221	2,074	1,889	1,684	93	1,550	2,270	2,471	2,304
1,407     2,062     2,244     2,095     1,908     1,701     95     1,566     2,293     2,496       1,414     2,073     2,256     2,105     1,918     1,710     96     1,573     2,305     2,508       1,421     2,083     2,268     2,116     1,928     1,718     97     1,581     2,316     2,521       1,428     2,094     2,279     2,126     1,937     1,727     98     1,589     2,328     2,533       1,434     2,104     2,291     2,137     1,947     1,736     99     1,596     2,340     2,546	94	1,401	2,052	2,233	2,084	1,899	1,692	94	1,558	2,282	2,484	2,316
1,414     2,073     2,256     2,105     1,918     1,710     96     1,573     2,305     2,508       1,421     2,083     2,268     2,116     1,928     1,718     97     1,581     2,316     2,521       1,428     2,094     2,279     2,126     1,937     1,727     98     1,589     2,328     2,533       1,434     2,104     2,291     2,137     1,947     1,736     99     1,596     2,340     2,546	92	1,407	2,062	2,244	2,095	1,908	1,701	92	1,566	2,293	2,496	2,327
1,421     2,083     2,268     2,116     1,928     1,718     97     1,581     2,316     2,521       1,428     2,094     2,279     2,126     1,937     1,727     98     1,589     2,328     2,533       1,434     2,104     2,291     2,137     1,947     1,736     99     1,596     2,340     2,546	96	1,414	2,073	2,256	2,105	1,918	1,710	96	1,573	2,305	2,508	2,339
1,428     2,094     2,279     2,126     1,937     1,727     98     1,589     2,328     2,533       1,434     2,104     2,291     2,137     1,947     1,736     99     1,596     2,340     2,546	26	1,421	2,083	2,268	2,116	1,928	1,718	26	1,581	2,316	2,521	2,350
1,434 2,104 2,291 2,137 1,947 1,736 99 1,596 2,340 2,546 2	86	1,428	2,094	2,279	2,126	1,937	1,727	86	1,589	2,328	2,533	2,362
	66	1,434	2,104	2,291	2,137	1,947	1,736	66	1,596	2,340	2,546	2,373

1,232 1,278 1,318 1,398 1,439 1,439 1,582 1,617 1,652 1,617 1,717

1,283 1,335 1,388 1,441 1,441 1,578 1,578 1,779 1,779 1,974 1,974 1,974 2,004 2,036 2,067 2,067 2,068 2,068 2,068 2,068 2,068 Rate Pg 1 of 2 HNOC2010UT

1,879

2,109 2,120 2,130 2,141

1,898 1,908 1,917 1,927

2,151

Monthly: .08333

Quarterly: 0.25000

Semi Annual: 0.5000

Modal Factors:

# HEARTLAND NATIONAL LIFE INSURANCE COMPANY

## UTAH Standard Plans FEMALE Rates - ANNUAL For use in all zip codes

Attained		2	Non-Tobacco	co User			Attained			Tobacco User	User		
Age	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N	Age	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N
0-64	A/N	A/N	A/N	A/N	N/A	A/N	0-64	A/N	A/N	N/A	N/A	A/N	A/A
9	743	935	1,083	920	875	754	65	826	1,039	1,203	1,056	972	837
99	778	982	1,130	866	919	790	99	864	1,091	1,256	1,109	1,021	877
29	813	1,029	1,178	1,046	963	827	29	803	1,143	1,308	1,163	1,070	918
89	845	1,073	1,222	1,092	1,004	861	89	938	1,192	1,358	1,212	1,116	926
69	876	1,117	1,266	1,137	1,045	968	69	972	1,241	1,408	1,262	1,161	995
70	806	1,162	1,310	1,182	1,087	930	70	1,007	1,290	1,458	1,312	1,206	1,033
71	940	1,206	1,355	1,227	1,128	965	71	1,042	1,339	1,508	1,362	1,251	1,071
72	970	1,250	1,401	1,270	1,168	1,000	72	1,077	1,389	1,556	1,411	1,298	1,112
73	892	1,287	1,439	1,308	1,203	1,032	73	1,101	1,431	1,598	1,453	1,336	1,146
74	1,014	1,325	1,477	1,347	1,237	1,064	74	1,125	1,474	1,641	1,496	1,375	1,181
75	1,036	1,362	1,516	1,385	1,272	1,095	75	1,149	1,516	1,683	1,538	1,413	1,215
92	1,058	1,400	1,554	1,424	1,307	1,127	92	1,173	1,558	1,725	1,580	1,452	1,250
77	1,079	1,438	1,591	1,461	1,339	1,158	77	1,199	1,598	1,767	1,623	1,488	1,286
78	1,092	1,469	1,621	1,492	1,366	1,185	78	1,212	1,632	1,801	1,658	1,518	1,317
79	1,104	1,500	1,652	1,523	1,393	1,212	79	1,226	1,666	1,835	1,692	1,548	1,348
80	1,116	1,530	1,683	1,553	1,420	1,238	80	1,239	1,699	1,868	1,727	1,577	1,379
81	1,129	1,561	1,714	1,584	1,447	1,265	81	1,253	1,733	1,902	1,762	1,607	1,409
82	1,140	1,590	1,743	1,615	1,474	1,294	82	1,266	1,767	1,936	1,794	1,638	1,438
83	1,147	1,617	1,770	1,642	1,498	1,319	83	1,275	1,797	1,966	1,824	1,665	1,466
84	1,155	1,644	1,797	1,668	1,522	1,344	84	1,284	1,827	1,996	1,854	1,692	1,494
85	1,163	1,670	1,824	1,695	1,546	1,369	82	1,292	1,857	2,026	1,884	1,718	1,522
98	1,170	1,697	1,851	1,722	1,570	1,394	98	1,301	1,886	2,055	1,913	1,745	1,549
87	1,178	1,724	1,877	1,750	1,594	1,420	87	1,308	1,915	2,086	1,944	1,770	1,578
88	1,184	1,733	1,886	1,759	1,601	1,427	88	1,315	1,925	2,097	1,954	1,779	1,586
88	1,189	1,741	1,896	1,767	1,609	1,433	88	1,322	1,934	2,107	1,963	1,788	1,594
06	1,195	1,750	1,906	1,776	1,617	1,440	06	1,329	1,944	2,118	1,973	1,796	1,601
91	1,201	1,759	1,915	1,785	1,624	1,448	91	1,335	1,954	2,128	1,982	1,805	1,609
92	1,207	1,767	1,925	1,793	1,632	1,455	92	1,342	1,963	2,139	1,992	1,813	1,617
93	1,212	1,776	1,934	1,802	1,641	1,463	93	1,349	1,973	2,149	2,002	1,822	1,624
94	1,218	1,785	1,944	1,811	1,649	1,471	94	1,356	1,982	2,160	2,011	1,831	1,632
92	1,224	1,793	1,954	1,819	1,658	1,478	92	1,362	1,992	2,171	2,021	1,840	1,641
96	1,230	1,802	1,963	1,828	1,667	1,486	96	1,369	2,002	2,181	2,031	1,850	1,649
26	1,236	1,811	1,973	1,837	1,675	1,494	26	1,376	2,011	2,192	2,042	1,860	1,658
86	1,241	1,819	1,982	1,847	1,684	1,501	86	1,382	2,021	2,202	2,052	1,869	1,667
66	1,247	1,828	1,992	1,857	1,692	1,509	66	1,389	2,031	2,213	2,063	1,879	1,675

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Monthly: .08333

Quarterly: 0.25000

Semi Annual: 0.5000

Modal Factors:

### PREMIUM INFORMATION

Heartland National Life Insurance Company may change your premium on any premium due date if a new table of rates is applicable to the policy. The change in the table of rates will apply to all covered persons in the same class. Class is defined as attained age, sex, underwriting class, state and zip code of residence.

Premiums are based on your attained age and will change on Your Policy Anniversary Date.

### **DISCLOSURES**

Use this outline to compare benefits and premiums among policies.

This outline shows benefits and premiums of Policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010 have different benefits and premiums. Plans E, H, I, and J are no longer available for sale.

### **READ YOUR POLICY VERY CAREFULLY**

This is only an outline describing your Policy's most important features. The Policy is your insurance contract. You must read the Policy itself to understand all of the rights and duties of both you and Heartland National Life Insurance Company.

### RIGHT TO RETURN POLICY

If you find that you are not satisfied with your Policy, you may return it to: Heartland National Life Insurance Company, Medicare Supplement Administration, P.O. Box 10814, Clearwater, Florida 33757-8814. If you send the Policy back to us within 30 days after you receive it, we will treat the Policy as if it had never been issued and return all of your payments.

### POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

### NOTICE

This Policy may not fully cover all of your medical costs. Neither Heartland National Life Insurance Company nor its agents are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details.

### **COMPLETE ANSWERS ARE VERY IMPORTANT**

When you fill out the application for the new Policy, be sure to answer truthfully and completely all questions about your medical and health history. Heartland National Life Insurance Company may cancel your Policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

Please refer to your Policy for details.

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### PLAN A

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and			
supplies First 60 days	All but \$1132	\$0	\$1132 (Part A deductible)
61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: — While using 60 lifetime	All but \$283 a day	\$283 a day	\$0
reserve days  — Once lifetime reserve days are used:	All but \$566 a day	\$566 a day	\$0
—Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
<ul> <li>Beyond the additional 365 days</li> </ul>	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicareapproved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$141.50 a day \$0	\$0 \$0 \$0	\$0 Up to \$141.50 a day All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE  You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co- payment/ coinsurance for out-patient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

<sup>\*\*</sup>NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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### PLAN A MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\*Once you have been billed \$162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES –			
IN OR OUT OF THE HOSPITAL			
AND OUTPATIENT HOSPITAL			
TREATMENT, such as Physician's			
services, inpatient and outpatient			
medical and surgical services and supplies, physical and speech			
therapy, diagnostic tests, durable			
medical equipment,			
First \$162 of Medicare			
Approved Amounts*	\$0	\$0	\$162 (Part B deductible)
Remainder of Medicare			, , ,
Approved Amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES			
(Above Medicare Approved			
Amounts)	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$162 of Medicare Approved			
Amounts*	\$0	\$0	\$162 (Part B deductible)
Remainder of Medicare Approved			
Amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES – TESTS FOR			
DIAGNOSTIC SERVICES	100%	\$0	\$0

### PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED			
SERVICES			
<ul> <li>Medically necessary skilled</li> </ul>			
care services and medical			
supplies	100%	\$0	\$0
<ul> <li>Durable medical equipment</li> </ul>			
First \$162 of Medicare			
Approved Amounts*	\$0	\$0	\$162 (Part B deductible)
Remainder of Medicare			
Approved Amounts	80%	20%	\$0

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### PLAN D

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: — While using 60 lifetime	All but \$1132 All but \$283 a day	\$1132 (Part A deductible) \$283 a day	\$0 \$0
reserve days  — Once lifetime reserve days are used:	All but \$566 a day	\$566 a day	\$0
Additional 365 days      Beyond the additional	\$0	100% of Medicare eligible expenses	\$0**
365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* 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 First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$141.50 a day \$0	\$0 Up to \$141.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co- payment/ coinsurance for out-patient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

<sup>\*\*</sup>NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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### **PLAN D**

### MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\*Once you have been billed \$162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES –			
IN OR OUT OF THE HOSPITAL			
AND OUTPATIENT HOSPITAL			
TREATMENT, such as			
Physician's services, inpatient			
and outpatient medical and			
surgical services and supplies,			
physical and speech therapy,			
diagnostic tests, durable medical			
equipment, First \$162 of Medicare			
Approved Amounts*	\$0	\$0	\$162 (Part B deductible)
Remainder of Medicare	ΨΟ	Ψ0	\$102 (Fait B deductible)
Approved Amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES	,	,	·
(Above Medicare Approved			
Amounts)	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$162 of Medicare Approved			
Amounts*	\$0	\$0	\$162 (Part B deductible)
Remainder of Medicare Approved			
Amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES – TESTS FOR			
DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

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### PLAN D PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE  MEDICARE APPROVED  SERVICES  — Medically necessary skilled care services and medical supplies  — Durable medical equipment First \$162 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100%	\$0	\$0
	\$0	\$0	\$162 (Part B deductible)
	80%	20%	\$0

### OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT			
COVERED BY MEDICARE			
Medically necessary emergency			
care services beginning during			
the first 60 days of each trip			
outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime	20% and amounts over
		maximum benefit of	the \$50,000 lifetime
		\$50,000.	maximum.

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### PLAN F

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and			
board, general nursing and			
miscellaneous services			
and supplies			
First 60 days	All but \$1132	\$1132 (Part A deductible)	\$0
61 <sup>st</sup> thru 90 <sup>th</sup> day	All but \$283 a day	\$283 a day	\$0
91 <sup>st</sup> day and after:			
<ul> <li>While using 60 lifetime</li> </ul>	All back 0500 and an	Φ500 - J	<b>*</b> 0
reserve days	All but \$566 a day	\$566 a day	\$0
Once lifetime reserve			
days are used: —Additional 365 days	\$0	100% of Medicare eligible	\$0**
—Additional 303 days	φυ	expenses	φυ
<ul> <li>Beyond the additional</li> </ul>		expenses	
365 days	\$0	\$0	All costs
SKILLED NURSING	40	40	7 111 00010
FACILITY CARE*			
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			
First 20 days	All approved amounts	\$0	\$0
21 <sup>st</sup> thru 100 <sup>th</sup> day	All but \$141.50 a day	Up to \$141.50 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
BLOOD			40
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's	All but very limited co-	Medicare	Φ0
requirements, including a	payment/ coinsurance for	co-payment/coinsurance	\$0
doctor's certification of	out-patient drugs and		
terminal illness.	inpatient respite care		

<sup>\*\*</sup>NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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### **PLAN F**

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES –			
IN OR OUT OF THE HOSPITAL			
AND OUTPATIENT HOSPITAL			
TREATMENT, such as			
Physician's services, inpatient			
and outpatient medical and			
surgical services and supplies,			
physical and speech therapy,			
diagnostic tests, durable medical			
equipment,			
First \$162 of Medicare Approved Amounts*	\$0	\$162 (Part B deductible)	\$0
Remainder of Medicare	ΨΟ	\$102 (Fait B deductible)	ΨΟ
Approved Amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES	Concrany Cons	201101011111111111111111111111111111111	<b>4</b> 5
(Above Medicare Approved			
Amounts)	\$0	100%	\$0
BLOOD	<del></del>		70
First 3 pints	\$0	All costs	\$0
Next \$162 of Medicare	**		**
Approved amounts*	\$0	\$162 (Part B deductible)	\$0
Remainder of Medicare		,	
Approved amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES - TESTS FOR			
DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

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### **PLAN F**

### PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED			
SERVICES			
<ul> <li>Medically necessary skilled</li> </ul>			
care services and medical			
supplies	100%	\$0	\$0
<ul> <li>Durable medical equipment</li> </ul>			
First \$162 of Medicare			
Approved Amounts*	\$0	\$162 (Part B deductible)	\$0
Remainder of Medicare			
Approved Amounts	80%	20%	\$0

### OTHER SERVICES – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

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### **PLAN G**

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: — While using 60 lifetime	All but \$1132 All but \$283 a day	\$1132 (Part A deductible) \$283 a day	\$0 \$0
reserve days  — Once lifetime reserve days are used:	All but \$566 a day	\$566 a day	\$0
Additional 365 days      Beyond the additional	\$0	100% of Medicare eligible expenses	\$0**
365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* 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 First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$141.50 a day \$0	\$0 Up to \$141.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co- payment/ coinsurance for out-patient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

<sup>\*\*</sup>NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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### **PLAN G**

### MEDICARE (PART B) - MEDICAL SERVICES-PER - CALENDAR YEAR

\*Once you have been billed \$162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES –			
IN OR OUT OF THE HOSPITAL			
AND OUTPATIENT HOSPITAL			
TREATMENT, such as			
Physician's services, inpatient			
and outpatient medical and			
surgical services and supplies,			
physical and speech therapy,			
diagnostic tests, durable medical			
equipment,			
First \$162 of Medicare	<b>#</b> 0	<b>.</b>	\$460 (David Dalada atilala)
Approved Amounts*	\$0	\$0	\$162 (Part B deductible)
Remainder of Medicare	Canarally 900/	Comparelly 200/	\$0
Approved Amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES			
(Above Medicare Approved	<b>60</b>	1000/	<b>\$</b> 0
Amounts)	\$0	100%	\$0
BLOOD	<b>*</b>	A.I. (	0
First 3 pints	\$0	All costs	\$0
Next \$162 of Medicare	<b>#</b> 0	<b>.</b>	\$460 (David Dalada atilala)
Approved Amounts*	\$0	\$0	\$162 (Part B deductible)
Remainder of Medicare	000/	200/	40
Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES – TESTS FOR			
DIAGNOSTIC SERVICES	100%	\$0	\$0

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### PLAN G PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES  — Medically necessary skilled care services and medical supplies  — Durable medical equipment First \$162 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100%	\$0	\$0
	\$0	\$0	\$162 (Part B deductible)
	80%	20%	\$0

### OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000.	20% and amounts over the \$50,000 lifetime maximum

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### **PLAN M**

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1132	\$566 (50% of Part A deductible)	\$566 (50% of Part A deductible)
61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: — While using 60 lifetime	All but \$283 a day	\$283 a day	\$0
reserve days  — Once lifetime reserve days are used:	All but \$566 a day	\$566 a day	\$0
— Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
<ul> <li>Beyond the additional</li> <li>365 days</li> </ul>	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* 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 First 20 days 21st thru 100th day	All approved amounts All but \$141.50 a day	\$0 Up to \$141.50 a day	\$0 \$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co- payment/ coinsurance for out-patient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

<sup>\*\*</sup>NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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### PLAN M

### MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\*Once you have been billed \$162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES –			
IN OR OUT OF THE HOSPITAL			
AND OUTPATIENT HOSPITAL			
TREATMENT, such as			
Physician's services, inpatient			
and outpatient medical and			
surgical services and supplies,			
physical and speech therapy,			
diagnostic tests, durable medical			
equipment,			
First \$162 of Medicare			
Approved Amounts*	\$0	\$0	\$162 (Part B deductible)
Remainder of Medicare	0 11 000/	0 " 000/	Φ0
Approved Amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES			
(Above Medicare Approved			
Amounts)	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$162 of Medicare Approved		4.5	
Amounts*	\$0	\$0	\$162 (Part B deductible)
Remainder of Medicare Approved			
Amounts	80%	20%	\$0
CLINICAL LABORATORY			
<b>SERVICES</b> – TESTS FOR			
DIAGNOSTIC SERVICES	100%	\$0	\$0

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### PLAN M PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE  MEDICARE APPROVED  SERVICES  — Medically necessary skilled care services and medical supplies  — Durable medical equipment First \$162 of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	100%	\$0	\$0
	\$0	\$0	\$162 (Part B deductible)
	80%	20%	\$0

### OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of	\$250 20% and amounts over the \$50,000 lifetime
		\$50,000.	maximum.

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### PLAN N

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and			
supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after:  — While using 60 lifetime	All but \$1132 All but \$283 a day	\$1132 (Part A deductible) \$283 a day	\$0 \$0
reserve days  — Once lifetime reserve days are used:	All but \$566 a day	\$566 a day	\$0
Additional 365 days      Beyond the additional	\$0	100% of Medicare eligible expenses	\$0**
365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* 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 First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$141.50 a day \$0	\$0 Up to \$141.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co- payment/ coinsurance for out-patient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

<sup>\*\*</sup>NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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### PLAN N

### MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\*Once you have been billed \$162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,			
First \$162 of Medicare Approved Amounts*	\$0	\$0	\$162 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$162 of Medicare Approved	\$0	All costs	\$0
Amounts* Remainder of Medicare Approved Amounts	\$0 80%	\$0 20%	\$162 (Part B deductible) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR			
DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

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### PLAN N PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical			
supplies  — Durable medical equipment	100%	\$0	\$0
First \$162 of Medicare Approved Amounts* Remainder of Medicare	\$0	\$0	\$162 (Part B deductible)
Approved Amounts	80%	20%	\$0

### OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime	\$250 20% and amounts over
J		maximum benefit of \$50,000.	the \$50,000 lifetime maximum.

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### **HEARTLAND NATIONAL LIFE INSURANCE COMPANY**

Home Office: Indianapolis, Indiana 46280 Medicare Supplement Administrative Office: PO Box 10812, Clearwater, FL 33757-8812

### APPLICATION FOR MEDICARE SUPPLEMENT INSURANCE

Application	n #:			
Applicant	(Exactly as shown on your Medicard	e ID Card)	Residence Address:	
Last			Street	
First		MI	City	
Indicate t	he Medicare Supplement Pla	n Applied for:	State	Zip Code
Plan:			Phone: ()	
	SOCIAL SECURITY NUMB	BER	MEDICARE CLA	IM NUMBER
AGE	DATE OF BIRTH	GENDER	HEIGHT	WEIGHT
	Month Day Year	☐ Male ☐ Female	ft in	lbs
		PREMIUM PA	AYMENT	
Modal Pre	mium: \$		_ Policy Fee:	\$
Total Subi	mitted Premium: \$		_ Requested Effective Date:	
or 🗌 Draf	t Initial Premium			
	PLEASE SELEC	T THE METHO	O OF PAYMENT YOU WA	NT
□ A	nnual Semi	iannual	☐ Quarterly	☐ Monthly Bank Draft
☐ I author	rize Bank Draft payments. Acc	WILL I AND.	Checking Amount to be dra Savings	afted: \$
Bank Ro	uting # (9 digits): Bank Accor	unt # (do not includ		aft Day: (Cannot be more eyond effective day)
Bank Nam	e:			
Name(s) o	f Depositor(s):			
Signature	of Depositor:			oate:
Please inc	lude a voided check on a separa	te sheet of paper.		

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	PLEASE ANSWER ALL ELIGIBILITY QUESTIONS		
1.	Have you used tobacco in any form in the past 12 months?	Yes 🗌	No 🗌
2.	Are you covered under Medicare Part A?	Yes 🗌	No 🗌
	If YES, what is your Part A effective date?/		
	If NO, what is your eligibility date?/		
3.	Are you covered under Medicare Part B?	Yes 🗌	No 🗌
	If YES, what is your Part B effective date?/		
	If NO, what is your eligibility date?/		
4.	Are you applying during a guaranteed issue period? (If YES please attach proof of eligibility).	Yes 🗌	No 🗌
	MEDICARE & INSURANCE INFORMATION (MUST BE COMPLETED	))	
we pol of	you lost or are losing other health insurance coverage and received a notice from your prior is re eligible for guaranteed issue of a Medicare Supplement policy, or that you had certain rightlicy you may be guaranteed acceptance in one or more of our Medicare Supplement plans. Pleathe notice from your prior insurer with our application. PLEASE ANSWER ALL QUESTIONS. Play with an "X".	to buy ase includ	y such a le a copy
То	the best of your knowledge:		
1.	Did you turn age 65 in the last six months?	☐ Yes	☐ No
2.	Did you enroll in Medicare Part B in the last six months?  If "Yes", what is the effective date?//	☐ Yes	☐ No
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. If Yes, answer a-b below.	☐ Yes	□No
	(a) Will Medicaid pay your premiums for this Medicare Supplement policy?	☐ Yes	☐ No
	(b) Do you receive any benefits from Medicaid OTHER THAN payment toward your Medicare Part B premium?	Yes	□No
4.	(a) If you had coverage from any Medicare plan other than original Medicare within the last 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO) fill in your start and end dates. (If you are still covered under the other policy, leave "END" blank.) Start/ End//		
	If YES, with which company		
	Company telephone number: Policy number:		
	(b) If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare Supplement policy?	☐Yes	□No
	(c) Was this your first time in this type of Medicare plan?	☐ Yes	☐ No
	(d) Did you drop a Medicare Supplement plan to enroll in this Medicare plan?	☐ Yes	☐ No

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	MEDICARE & INSURANCE INFORMATION (Continued)		
5.	(a) Do you have another Medicare Supplement policy in force?	☐ Yes	☐ No
	(b) If yes with which company:		
	with which plan:		
	what paid-to-date do you have?//		
	Company telephone number:		
	(c) If yes, do you intend to replace your current Medicare Supplement policy with this policy?	☐ Yes	□No
6.	Have you had coverage under any other health insurance within the past 63 days (fo example, an employer, union, or individual plan)?	r Yes	□No
	(a) If yes, with which company :		
	what kind of policy		
	what paid-to-date do you have?//		
	Company telephone number:		
	(b) What are your dates of coverage under the other policy? (If you are still covered under the other policy, leave "END" blank.) Start/ End/	r	

### IMPORTANT STATEMENTS TO BE READ AND SIGNED BY THE APPLICANT

- (1) You do not need more than one Medicare Supplement Insurance Policy.
- (2) If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
- (3) You may be eligible for benefits under Medicaid and may not need a Medicare Supplement Insurance Policy.
- (4) If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare Supplement Insurance 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 reinstituted, if requested, within 90 days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of suspension.
- (5) 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 reinstituted, 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 reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of suspension.
- (6) Counseling services may be available in your state to provide advice concerning your purchase of a Medicare Supplement Insurance policy and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

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Do not answer health questions 1-15 if you are in an open enrollment or guaranteed issue period. Please see page 6 for an explanation of open enrollment /guaranteed issue period information.

**NOTICE TO APPLICANT**: Please answer all of the following questions. Please verify the accuracy and completeness of the medical information on this application. Incomplete or false information on this application could jeopardize future claims. If you answer YES to any of the following questions 1 - 14, you are not eligible for coverage.

1.	Are you currently hospitalized or confined to a nursing facility; or, are you bedridden or confined to a wheelchair?	Yes 🗌 No 🗌
2.	Have you been diagnosed with emphysema, chronic obstructive pulmonary disease (COPD) or other chronic pulmonary disorders?	Yes 🗌 No 🗌
3.	Have you been diagnosed with Parkinson's disease, systemic lupus, myasthenia gravis, multiple or lateral sclerosis, osteoporosis with fractures, cirrhosis or kidney disease requiring dialysis?	Yes 🗌 No 🗌
4.	Have you been diagnosed with Alzheimer's disease, senile dementia, or any other cognitive disorder?	Yes 🗌 No 🗌
5.	Have you been diagnosed with or treated for acquired immune deficiency syndrome (AIDS) or AIDS related complex (ARC)?	Yes 🗌 No 🗌
6.	If you have diabetes, do you have any of the following conditions: diabetic retinopathy, peripheral vascular disease, neuropathy, any heart condition (including high blood pressure), or kidney disease? If you do <b>not</b> have diabetes, this question should be answered "NO."	Yes 🗌 No 🗌
7.	Do you have diabetes that has ever required more than 50 units of insulin daily?	Yes 🗌 No 🗌
8.	Within the past two years have you been treated for or been advised by a physician to have treatment for internal cancer, alcoholism, drug abuse, mental or nervous disorder requiring psychiatric care or have you had any amputation caused by disease?	Yes 🗌 No 🗌
9.	Within the past two years have you been treated for or been advised by a physician to have treatment for heart attack, heart, coronary or carotid artery disease (not including high blood pressure), peripheral vascular disease, congestive heart failure or enlarged heart, stroke, transient ischemic attacks (TIA) or heart rhythm disorders?	Yes 🗌 No 🗌
10.	Within the past two years have you been treated for degenerative bone disease, crippling/disabling or rheumatoid arthritis or have you been advised to have a joint replacement?	Yes 🗌 No 🗌
11.	Have you been advised by a physician that surgery may be required within twelve (12) months for cataracts?	Yes 🗌 No 🗌
12.	Have you been advised by a physician to have surgery, medical tests, treatment or therapy that has not been performed?	Yes 🗌 No 🗌
13.	Have you been hospital confined three or more times in the last two years?	Yes 🗌 No 🗌
14.	Have you had an organ transplant or been advised by a physician to have an organ transplant?	Yes 🗌 No 🗌

HEALTH OLIES:	TIONS Continued
15. Are you taking or have you taken any prescript within the past 12 months? If YES, please list the prescribed, dosage/frequency and diagnosis/med Attach a separate sheet if needed.	ion or over-the-counter medications e drug(s) below along with the date
Medication Name (copy off pharmacy label)	
Date Originally Prescribed	
Dosage and Frequency	
Diagnosis/ Medical Condition	
Medication Name (copy off pharmacy label)	
Date Originally Prescribed	
Dosage and Frequency	
Diagnosis/Medical Condition	
Medication Name (copy off pharmacy label)	
Date Originally Prescribed	
Dosage and Frequency	
Diagnosis/Medical Condition	
Medication Name (copy off pharmacy label)	
Date <b>Originally</b> Prescribed	
Dosage and Frequency	
Diagnosis/Medical Condition	
Medication Name (copy off pharmacy label)	
Date Originally Prescribed	
Dosage and Frequency	
Diagnosis/Medical Condition	
Medication Name (copy off pharmacy label)	
Date Originally Prescribed	
Dosage and Frequency	
Diagnosis/Medical Condition	
Medication Name (copy off pharmacy label)	
Date Originally Prescribed	
Dosage and Frequency	
Diagnosis/Medical Condition	
PRIMARY CARE PHYSICIAN INFORMATION	
Physician's Name:	
Telephone Number:	<del></del>

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### OPEN ENROLLMENT/GUARANTEED ISSUE PERIOD INFORMATION

Open Enrollment: You are eligible for Open Enrollment and will not need to answer Health Questions 1-15 on pages 4 and 5 of this application if (a) you are within six months of purchasing Medicare Part B coverage for the first time; or (b) you were eligible for early Medicare and you are within six months of turning age 65.

Guaranteed Issue For Eligible Persons Under the Balanced Budget Act of 1997: The following are definitions of the categories of individuals who are eligible for Guaranteed Issue under the Balanced Budget Act of 1997:

- (a) Enrolled under an employee welfare benefit plan that provides health benefits that supplement the benefits under Medicare; and the plan terminates, or the plan ceases to provide all such supplemental health benefits to the individual: or
- (b) Enrolled in a Medicare Advantage plan or Program of All-Inclusive Care for the Elderly (PACE) and the organization's certification or plan is terminated or specific circumstances permit discontinuance including, but not limited to, a change in residence of the individual, the plan is terminated within a residence area, the organization substantially violated a material policy provision, or a material misrepresentation was made to the individual; or
- (c) Enrolled in a Medicare risk contract, health care prepayment plan, cost contract or Medicare Select plan, or similar organization, and the organization's certification or plan is terminated or specific circumstances permit discontinuance including, but not limited to, a change in residence of the individual, the plan is terminated within a residence area, the organization substantially violated a material policy provision, or a material misrepresentation was made to the individual; or
- (d) Enrolled in a Medicare Supplement policy and coverage discontinues due to insolvency, substantial violation of a material policy provision, or material misrepresentation; or
- (e) Enrolled under a Medicare Supplement policy, terminates and enrolls for the first time in a Medicare Advantage, a risk or cost contract, or a Medicare Select plan, a PACE provider, and then terminates coverage within 12 months of enrollment: or
- (f) Upon first becoming eligible for benefits under Part A at age 65, enrolls in a Medicare Advantage or PACE provider and then disenrolls within 12 months: or
- (g) Enrolled under medical assistance under Title XIX of the Social Security Act (Medicaid) and is involuntarily terminated.

Documentation of these events must be submitted with the application. You must apply within 63 days of the date of termination of previous coverage in order to qualify as an eligible person.

### AGENT'S CERTIFICATION

The undersigned Agent certifies that the Applicant has read or has had read to them, the completed application and that

the	e Applicant realizes that any false statement or misrepresentation in the applicate policy.		
	TO BE COMPLETED BY AGENT (Attach separate shee	et, if necessary)	
1.	List any other health insurance policy you have sold to the Applicant that is still	in force.	
2.	List any other health insurance policy you have sold to the Applicant in the pas	t five (5) years that is no	longer in force.
Ιc	ertify that:		
1. 2.	I have accurately recorded the information supplied by the Applicant; and I have given an outline of coverage for the policy applied for and a Guide Medicare to the Applicant.	e To Health Insurance f	for People With
		Date	
Ag	ent #1 Signature		
Ag	ent #1 Name (please print)	Agent #	Split %
		Date	
Ag	ent #2 Signature		
Ac	ent #2 Name (please print)	Agent #	Split %

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**HEARTLAND NATIONAL LIFE INSURANCE COMPANY** 

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### **AUTHORIZATION AND CERTIFICATION**

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, pharmacy, benefit manager or other medical facility, insurance or reinsurance company, Medical Information Bureau (MIB), consumer reporting agency, Division of Motor Vehicles, the Veterans Administration or other medical or medically-related facility, insurance company or Medicare, that has any records or knowledge of me or my health to give Heartland National Life Insurance Company, or its reinsurers, any such information. I understand that I am authorizing Heartland National Life Insurance Company to receive my health information and prescription drug usage history. The released information received by Heartland National Life Insurance Company will remain protected by federal and/or state regulations as long as it is maintained by the health plan. Any information that is disclosed pursuant to this authorization may be redisclosed as provided herein or as required or authorized by law and may then no longer be covered by federal rules governing privacy and confidentiality of health information. Medical information will not be used to decline coverage if I am applying during an open enrollment or guaranteed issue period.

I understand that the information requested is necessary for evaluation and underwriting of my application for the Medicare Supplement Insurance Policy for which I have applied; to determine eligibility for insurance, risk rating or policy issue determinations; obtain reinsurance; administer claims and determine or fulfill responsibility for coverage and provision of benefits; and to conduct other legally permissible activities that relate to any coverage I have, or have applied for, with Heartland National Life Insurance Company. I understand that telephone interviews may be a part of the application process and that any information obtained from such telephone interviews may be used to decline my application for coverage. I understand that failure to provide the authorization to Heartland National Life Insurance Company will result in the rejection of the Medicare Supplement Insurance Policy coverage. I understand that I may revoke this authorization at any time by notifying Heartland National Life Insurance Company in writing at their Medicare Supplement Administrative Office: P.O. Box 10812, Clearwater, Florida 33757-8812. I understand that such revocation will not have any effect on actions Heartland National Life Insurance Company took prior to their receiving the revocation notice. I understand that this authorization will be valid for twenty-four (24) months from the date signed if used in connection with an application for an insurance policy, reinstatement of an insurance policy, or change in policy benefits. A photocopy of this authorization will be treated in the same manner as the original. I understand that I or my authorized representative am entitled to a copy of this authorization.

To the best of my knowledge and belief, all of the answers to the questions contained in this application are true and complete and I understand and agree that: (a) the insurance shall not take effect until my Medicare coverage is effective, the application has been accepted and approved by the Company, the first premium has been paid, and the policy has been delivered to the applicant; and (b) oral statements between the agent and myself are not binding on the Company unless accepted by the Company in writing. The undersigned applicant certifies that the applicant has read, or had read to him, the completed application and that he realizes that any false statements or misrepresentations therein material to the risk may result in loss of coverage under the policy to which this application is a part. I understand that any change in my health history prior to delivery of this policy may be used in the underwriting evaluation process.

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.

I wish to apply for a Medicare supplement insurance policy. I acknowledge that I have received or been given access to review: (a) an Outline of Coverage for the policy applied for, and (b) a "Guide to Health Insurance for People with Medicare."

Signed at:

State Applicant's Signature Date

This section to be completed by an agent.

Signed at:

State Writing Agent's Signature and Agent Number Date

Policy Mailing Preference: Mail to Agent Mail to Applicant

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**HEARTLAND NATIONAL LIFE INSURANCE COMPANY** 

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

### HEARTLAND NATIONAL LIFE INSURANCE COMPANY

Home Office: Indianapolis, Indiana 46280

Medicare Supplement Administrative Office: P. O. Box 10812 Clearwater, Florida 33757-8812

### 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 insurance and replace it with a policy to be issued by Heartland National 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.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

**STATEMENT TO APPLICANT BY AGENT:** I have reviewed your current medical or health insurance 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 reason (check one): Additional benefits. No change in benefits, but lower premiums Fewer benefits and lower premiums. Change in benefits (Gaining additional benefit(s), but losing some existing benefit(s)). My plan has outpatient drug coverage and I am enrolling in Part D. Disenrollment from a Medicare Advantage Plan. Please explain reason for disenrollment. Other (please specify) 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 company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, 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. Signature of Agent, Broker or Other Representative Agent's Printed Name and Address The above "Notice to Applicant" was delivered to me on:

MSREPL2010

Applicant's Signature

Date

### **AUTHORIZATION AND CERTIFICATION**

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager or other medical facility, insurance or reinsurance company, Medical Information Bureau (MIB), consumer reporting agency, Division of Motor Vehicles, the Veterans Administration or other medical or medically-related facility, insurance company or Medicare, that has any records or knowledge of me or my health to give Heartland National Life Insurance Company, or its reinsurers, any such information. I understand that I am authorizing Heartland National Life Insurance Company to receive my health information and prescription drug usage history. The released information received by Heartland National Life Insurance Company will remain protected by federal and/or state regulations as long as it is maintained by the health plan. Any information that is disclosed pursuant to this authorization may be redisclosed as provided herein or as required or authorized by law and may then no longer be covered by federal rules governing privacy and confidentiality of health information. Medical information will not be used to decline coverage if I am applying during an open enrollment or guaranteed issue period.

I understand that the information requested is necessary for evaluation and underwriting of my application for the Medicare Supplement Insurance Policy for which I have applied; to determine eligibility for insurance, risk rating or policy issue determinations; obtain reinsurance; administer claims and determine or fulfill responsibility for coverage and provision of benefits; and to conduct other legally permissible activities that relate to any coverage I have, or have applied for, with Heartland National Life Insurance Company. I understand that telephone interviews may be a part of the application process and that any information obtained from such telephone interviews may be used to decline my application for coverage. I understand that failure to provide the authorization to Heartland National Life Insurance Company will result in the rejection of the Medicare Supplement Insurance Policy coverage. I understand that I may revoke this authorization at any time by notifying Heartland National Life Insurance Company in writing at their Medicare Supplement Administrative Office: P.O. Box 10812, Clearwater, Florida 33757-8812. I understand that such revocation will not have any effect on actions Heartland National Life Insurance Company took prior to their receiving the revocation notice. I understand that this authorization will be valid for twenty-four (24) months from the date signed if used in connection with an application for an insurance policy, reinstatement of an insurance policy, or change in policy benefits. A photocopy of this authorization will be treated in the same manner as the original. I understand that I or my authorized representative am entitled to a copy of this authorization.

To the best of my knowledge and belief, all of the answers to the questions contained in this application are true and complete and I understand and agree that: (a) the insurance shall not take effect until my Medicare coverage is effective, the application has been accepted and approved by the Company, the first premium has been paid, and the policy has been delivered to the applicant; and (b) oral statements between the agent and myself are not binding on the Company unless accepted by the Company in writing. The undersigned applicant certifies that the applicant has read, or had read to him, the completed application and that he realizes that any false statements or misrepresentations therein material to the risk may result in loss of coverage under the policy to which this application is a part. I understand that any change in my health history prior to delivery of this policy may be used in the underwriting evaluation process.

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.

I wish to apply for a Medicare supplement insurance policy. I acknowledge that I have received or been given access to review: (a) an Outline of Coverage for the policy applied for, and (b) a "Guide to Health Insurance for People with Medicare."

Medicare."		, , , , , , , , , , , , , , , , , , ,	
Signed at:			
	State	Applicant's Signature	Date
This section	to be complete	ed by an agent.	
Signed at:			
	State	Writing Agent's Signature and Agent Number	Date
Policy Mailing	Preference:	☐ Mail to Agent ☐ Mail to Applicant	

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**HEARTLAND NATIONAL LIFE INSURANCE COMPANY** 

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

### HEARTLAND NATIONAL LIFE INSURANCE COMPANY

Home Office: Indianapolis, Indiana 46280

Medicare Supplement Administrative Office: P. O. Box 10812 Clearwater, Florida 33757-8812

### 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 insurance and replace it with a policy to be issued by Heartland National 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.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

**STATEMENT TO APPLICANT BY AGENT:** I have reviewed your current medical or health insurance 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 reason (check one): Additional benefits. No change in benefits, but lower premiums Fewer benefits and lower premiums. Change in benefits (Gaining additional benefit(s), but losing some existing benefit(s)). My plan has outpatient drug coverage and I am enrolling in Part D. Disenrollment from a Medicare Advantage Plan. Please explain reason for disenrollment. Other (please specify) 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 company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, 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. Signature of Agent, Broker or Other Representative Agent's Printed Name and Address The above "Notice to Applicant" was delivered to me on:

MSREPL2010

Applicant's Signature

Date

RECEIPT	All premium checks must be payable to: <b>Heartland National Life Insurance Company</b> . Do not make checks payable to the agent or leave the Payee blank. EFFECTIVE DATE will be the date of the application or the date of approval.
Received from	
premium is to	dollars formonths premium, ion. If for any reason the application is not approved and the policy is not issued, this be refunded. No liability is created or assumed by the Company, except for refund of this the policy applied for has been issued.