



Field Underwriting Guide

May 2009



ODS Health Plan, Inc. Producer Guide

For State of Oregon Individual Health Benefit Plans

The ODS Field Underwriting Guide is designed to assist the agent in submission of Individual and Family health benefit plan applications to ODS underwriters. Adherence to these guidelines will help you and your clients complete applications correctly and thoroughly thereby reducing the processing time in the Underwriting Department.

Producers must be appointed with ODS before submitting an application. It is the producer's responsibility to be thoroughly familiar with Oregon regulation governing these products.

The guidelines stated herein illustrate ODS probable actions for many conditions. The guidelines are subject to change without notice at ODS's sole discretion; however, every attempt will be made to keep producers informed of any changes in a timely manner.

ODS Individual Health Benefit Plans are not guaranteed issue. Only ODS underwriters may make a final decision to accept or reject an individual; producer's have no authority to bind or guarantee coverage.

PRIOR COVERAGE

If prior coverage is in existence, it is imperative that applicants be cautioned to keep their coverage in force until notified by ODS of their acceptance. Failure to do so may result in loss of coverage if ODS declines the application.

NO EMPLOYER SPONSORSHIP

ODS Individual products are not sold to employers. No employer sponsored coverage is allowed. Consequently, only personal checks will be accepted with the application. Business or employer checks will be returned and the application will be pended for 15 days awaiting a personal check.

ACCEPTABLE AGES

Newborn infants who are new applicants must have been released from a physician's care. This usually occurs at the 6 week post birth check-up and the child will not be accepted until this time period has elapsed and has had his/her pediatric follow-up. A woman who has given birth must wait for 6 weeks postpartum before applying. A newborn child of an existing insured can be added to the policy within 31 days from the date of birth without undergoing medical underwriting. To continue insurance for newborn children, the insured must submit a change form in order to add the newborn to the policy before the child is 31 days old. To continue insurance for adopted children, or children placed for adoption, the insured must submit a

change form in order to add the children within 31 days of the adoption or placement, and provide legal proof of the adoption or placement. If 31 days have elapsed, medical underwriting criteria will apply and a complete and signed health statement application will be required.

Adult dependents of an applicant are eligible to be covered under their parents' policy until their 23rd birthday.

CHILDREN'S COVERAGE

The parent or guardian with the most knowledge of the children's health status must sign the application. Grandparents, and other representatives of minors, may apply on behalf of the minor with documentation of legal guardianship or holder of power of attorney. Stepchildren and adopted children are eligible and considered children. Foster children cannot be accepted. Children may be written on a policy without adults, one child per application and policy.

APPLICATION SUBMISSION

On-line applications are available by logging in to the ODS website at: www.odscompanies.com/agents where detailed instructions are given for the producer link and the submission of online applications. Online submissions without a producer can be accessed through our website at www.odscompanies.com, and selecting "Looking for a Health Plan".

Paper applications are available in PDF format available at the web site or from ODS by contacting the Individual Marketing Department at 503-243-3973. Paper applications must be completed in either blue or black ink and should be Faxed to 503-243-3949 or mailed to:

The ODS Companies
Individual Underwriting
601 S W Second Avenue
Portland, OR 97204.

The applicant's home address must be the applicant's physical address. A P.O. Box number is not acceptable as a primary residence address but may be used for billing purposes.

The answers to the application questions must be accurate and complete. If more space is needed, a separate letter providing more detail may be submitted with the application providing that it is signed and dated by the applicant. Any changes to the answers must be crossed out and initialed by the applicant.

If any questions are not answered, the application will be returned without processing and the missing information will be requested from the applicant with two weeks given for the return. Please ensure the correctness and completeness of any application before submitting. If the application is not returned with the completed information in the time period given, the application will be closed and a new application including the missing information and a new, dated signature will be required.

All applications must be received at ODS within 20 days of the signature date. The application will be returned without processing if it is received after 20 days. A new application will be required if the signature date is more than 60 days old. All applicants and dependents aged 18 years and older must sign the application.

Trial applications cannot be accepted. Approved applicants do have a 10-day free look period for review of the contract. The approved applicant may request to cancel their policy during this period as though they were never effective, and receive a full refund of their initial premium, assuming no claims have been paid.

RESIDENCE REQUIREMENTS

All applicants and their dependents must be residents of the state of Oregon and maintain residency for at least 6 months out of the year.

EFFECTIVE DATES

After underwriting approval, the underwriter will assign an effective date of the 1st of the month following approval. 15th of the month effective dates will only be issued if specifically requested by the applicant or producer. If a 15th of the month effective date is assigned, the applicant will be billed for the partial month so that subsequent payments will be due on the 1st of the month cycle. No back-dating of effective dates is permitted.

MISSTATEMENTS OR OMISSIONS

If misstatements or omissions of material health history are discovered, the policy may be subject to rescission. A material misrepresentation exists when an applicant misrepresents their medical history, residence or other significant factor that, had it been made known at time of application, would have resulted in the underwriter modifying or declining the coverage. If this occurs, coverage will be deemed to never have been in force and all premiums minus the costs of any claims paid will be refunded. Any commissions paid to the broker will be required to be returned to ODS.

PRE-EXISTING CONDITIONS

ODS does not pay toward a pre-existing condition, even if the pre-existing condition worsens or recurs during the first six months of the term of the policy. Existing creditable coverage can reduce the six-month period if an individual's most recent period of creditable coverage is still in effect on the date of enrollment or ended within 63 days of the effective date of coverage. Creditable coverage followed by a break in coverage exceeding 63 days cannot be used to reduce the pre-existing conditions waiting period. Each day of creditable coverage will reduce the six-month period by one day. A certificate of creditable coverage provided by the previous insurer to the insured will be required to be submitted to ODS in order to apply the credit.

HIPAA and OMIP

ODS adheres to all of HIPAA's confidentiality guidelines. In order to view these, please go to www.odscompanies.com/hipaa/index.shtml.

OMIP (Oregon Medical Insurance Plan) is the default provider for individuals who are declined by an individual insurer. OMIP may give pre-ex credit for HIPAA individuals who apply within 63 days from the cessation of COBRA coverage or other coverage where COBRA benefits are not available. People who have certain conditions as defined by OMIP may automatically qualify without being declined by an individual insurer. The conditions listed by OMIP for automatic coverage are the same conditions that are declined by ODS. Producers should follow the OMIP automatic conditions listed in the OMIP application. Applications should not be submitted if the applicant has a condition on the OMIP list. To view a list of OMIP conditions go to: www.oregon.gov/DCBS/OMIP/docs/OMIP_fillable_application.pdf

DECLINED CONDITIONS

ODS declines those conditions listed on the OMIP application. Some additional conditions that are not on the OMIP list may also be declined by ODS as indicated below. An applicant must submit an application in order to receive a formal declination and be eligible to apply for OMIP if the condition is not listed as an OMIP condition.

The ODS list of declinable conditions includes but is not limited to the following conditions:

Acromegaly	Charcot-Marie-Tooth Disease
Addison's Disease	Cretinism
Adam's-Stoke's Syndrome	Cushing's Disease
Adrenal Insufficiency	Drug Abuse
Amaurosis Fugax	Ehler's Danlos Syndrome
Amyloidosis	Fragile X Syndrome
Analgesic Abuse Nephropathy	Gaucher's Disease
Ankylosing Spondylitis	Heart Enlargement
Aortic Valve Insufficiency	Hemochromatosis
Aortic Valve Stenosis	Ischemic Heart Disease
Arnold-Chiari Malformation	Marfan's Syndrome
Ataxia	Mixed Connective Tissue Disease
Autism	Progressive Systemic Sclerosis
Becker Dystrophy	Sjogren's Syndrome
Behcet's Syndrome	Stoke's Adams Syndrome
Berger's Disease	Suicide Attempt
Burkitt's Lymphoma	Von Recklinghausen's Disease

The final decision regarding coverage rests with the Underwriter and the ODS Medical Director.

UNDERWRITING PROCESS

Applications are reviewed in the order in which they were received. ODS underwriters review the application, obtain medical records when necessary and may contact the producer or the applicant if additional information is required. ODS's target turnaround time for underwriting decisions is within 10 business days of receipt if medical records are not ordered. Most decisions are to accept or to decline to offer coverage to a prospective applicant. Offers may be made to other family members when one family member may be uninsurable. In some cases, the underwriter may be able to offer coverage if the applicant agrees to accept a higher deductible. Please see examples of disorders and the probable action under Condition Listing.

CO-MORBIDITY FACTORS

Multiple risk factors can affect the risk in an adverse way. For example, an applicant with high blood pressure that is controlled may be acceptable, but if he or she is a smoker and also has high cholesterol, the applicant may be declined. The final decision may deviate from the guidelines when multiple conditions are in existence.

PRESCRIPTION MEDICATIONS

If an applicant is taking prescription medication of underwriting concern, ODS underwriters may counter offer with a different plan.

If an applicant is taking one or more of the medications listed below, they will be deemed to be unacceptable risk by ODS Underwriters. An application must be submitted in order for the applicant to be formally declined.

DRUG	TREATMENT FOR:		
Abelcet	INVASIVE FUNGAL INFECTIONS	Aredia	HYPERCALCEMIA OF MALIGNANCY
Abilify	SCHIZOPHRENIA	Argatroban	ANTICOAGULANT
Abraxane	BREAST CANCER	Aricept	ALZHEIMER'S
Acarbose	DIABETES MELLITUS	Arimidex	BREAST CANCER
Aceon	CORONARY ARTERY DISEASE	Aripiprazole	SCHIZOPHRENIA
Acthrel	CUSHING DISEASE	Aromasin	BREAST CANCER
Actiq	CANCER PAIN	Arranon	LEUKEMIA
Activase	MYOCARDIAL INFARCTION	Artane	PARKINSON'S
Actoplus MET	DIABETES MELLITUS	Arthrotec	RHEUMATOID ARTHRITIS
Actos	DIABETES MELLITUS	Asacol	ULCERATIVE COLITIS
Adagen	COMBINED IMMUNODEFICIENCY DISEASE	Asimia	MAJOR DEPRESSIVE DISORDER
Adalimumab	RHEUMATOID ARTHRITIS	Atazanavir sulfate	HIV
Adefovir Dipivoxil	CHRONIC HEPATITIS B	Atgam	APLASTIC ANEMIA
Adria	CANCER TREATMENT	Atripla	HIV
Agenerase	HIV	Avandaryl	DIABETES MELLITUS
Aggrastat	ACUTE CORONARY SYNDROME	Avandia	DIABETES MELLITUS
Aggrenox	TIA	Avinza	CHRONIC PAIN - MORPHINE
Agrilin	THROMBOCYTHEMIA	Avonex	MULTIPLE SCLEROSIS
Akineton	PARKINSON'S	Azathioprine	RHEUMATOID ARTHRITIS
Aldesleukin	RENAL CELL CARCINOMA	Azilect	PARKINSON'S
Alteplase	MYOCARDIAL INFARCTION	Balsalazide	ULCERATIVE COLITIS
Apidra	DIABETES MELLITUS	Baraclude	CHRONIC HEPATITIS B
Apokyn	PARKINSON'S	Becaplermin	DIABETIC NEUROPATHIC ULCERS
Aptivus	HIV	Benefix	HEMOPHILIA IX CHRISTMAS DISEASE
Aranesp	ANEMIA DUE TO CHRONIC KIDNEY FAILURE	Benzotropine Meyslate	PARKINSON'S
Arava	RHEUMATOID ARTHRITIS	Betaine Anhydrous	HOMOCYSTINURIA
		Betaseron	MULTIPLE SCLEROSIS

Bexarotone	CUTANEOUS T-CELL LYMPHOMA	Invega	SCHIZOPHRENIA
Bicalutamide	PROSTATE CARCINOMA	Iressa	LUNG CANCER
Bicolate	HEMOPHILIA A	Isentress	HIV
Biperiden	PARKINSON'S	Jantoven	ANTICOAGULANT
Bosentan	PULMONARY HYPERTENSION	Kaletra	HIV
Cabidopa	PARKINSON'S	Kinret	RHEUMATOID ARTHRITIS
Campral	ALCOHOLISM	Konyne	HEMOPHILIA
Canasa	ULCERATIVE PROCTITIS	Kytril	POST RADIATION THERAPY
Casodex	PROSTATE CARCINOMA	Levodopa	PARKINSON'S
Chlorpromazine	SCHIZOPHRENIA	Lithium Carbonate	MANIC DEPRESSION
Clomid	INFERTILITY TREATMENT	Lodosyn	PARKINSON'S
Cognex	ALZHEIMER'S	Lysodren	ADRENAL CARCINOMA
Colazal	ULCERATIVE COLITIS	Maraviroc	HIV
Comivir	HIV	Marinol	HIV
Copegus	HEPATITIS C	Matulane	HODGKIN'S DISEASE
Coumadin	ANTICOAGULANT	Mercaptopurine	LEUKEMIA
Cystadane	HOMOCYSTINURIA	Mestinon	MYASTHENIA GRAVIS
Deltasone	RHEUMATIC DISORDERS	Metformin	DIABETES MELLITUS
Emtriva	HIV	Methotrexate	RHEUMATOID ARTHRITIS
Entacavir	CHRONIC HEPATITIS B	Mononine	HEMOPHILIA
Epivir	HIV	Nateglinide	DIABETES MELLITUS
Epzicom	HIV	Nitro-Dur	ANGINA
Eskalith	MANIC DEPRESSION	Nitroglycerin	ANGINA
Fabrazyme	FABRY DISEASE	Nitrostat	ANGINA
Fentanyl Citrate	CANCER PAIN	Orencia	RHEUMATOID ARTHRITIS
Fertinex	POLYCYSTIC OVARIAN SYNDROME	Parlodel	PARKINSON'S
Geodon	SCHIZOPHRENIA	Pexeva	MAJOR DEPRESSIVE DISORDER
Getfitinib	LUNG CANCER	Plavix	HEART ATTACK AND STROKE
Glipizide	DIABETES MELLITUS	Plenaxis	PROSTATE CANCER
Glucophage	DIABETES MELLITUS	Prandin	DIABETES MELLITUS
Glucotrol	DIABETES MELLITUS	Precose	DIABETES MELLITUS
Glucovance	DIABETES MELLITUS	Prednisone	ENDOCRINE DISORDERS
Glyset	DIABETES MELLITUS	Prezista	HIV
Hepsera	CHRONIC HEPATITIS B	Priftin	PULMONARY TB
Humalog	DIABETES MELLITUS	Procrit	ANEMIA DUE TO CHRONIC KIDNEY FAILURE
Humira	RHEUMATOID ARTHRITIS	Proleukin	RENAL CELL CARCINOMA
Humulin	DIABETES MELLITUS	Proplex-T	HEMOPHILLIA
Hycamtin	LUNG CANCER	Purinethol	LEUKEMIA
Imuran	RHEUMATOID ARTHRITIS	Raltegravir	HIV
Inspra	CONGESTIVE HEART FAILURE	Ranexa	ANGINA
Insulin	DIABETES MELLITUS	Rasagiline	PARKINSON'S
Invarase	HIV		

Razadyne	ALZHEIMER'S	Selzentry	HIV
Rebetol	HEPATITIS C	Starlix	DIABETES MELLITUS
Rebif	MULTIPLE SCLEROSIS	Stavudine	HIV
Refacto	HEMOPHILLIA	Tacrine HCL	ALZHEIMER'S
Regranex	DIABETIC NEUROPATHIC ULCERS	Targretin	CUTANEOUS T-CELL LYMPHOMA
Regranex	DIABETIC NEUROPATHY	Temodar	GLIOBLASTOMA
Remicade	RHEUMATOID ARTHRITIS	Temozolomide	GLIOBLASTOMA
ReoPro	UNSTABLE ANGINA	Thorazine	SCHIZOPHRENIA
Rescriptor	HIV	Tirofiban	ACUTE CORONARY SYNDROME
Retavase	MYOCARDIAL INFARCTION	Tracleer	PULMONARY HYPERTENSION
Retepase	MYOCARDIAL INFARCTION	Trexall	RHEUMATOID ARTHRITIS
Retrovir	HIV	Trizivir	HIV
Revia	ALCOHOLISM/ DRUG ADDICTION	Tykerb	BREAST CANCER
Reyataz	HIV	Urofollitropin	POLYCYSTIC OVARIAN SYNDROME
Ribavarin	HEPATITIS C	Urso	BILLIARY CIRRHOSIS
Ribavirin	HEPATITIS C	Ursodiol	BILLIARY CIRRHOSIS
Ribavirin	HEPATITIS C	Vepesid	CANCER TREATMENT
Rilutek	AMYOTROPHIC LATERAL SCLEROSIS	Vorionostat	T CELL LYMPHOMA
Riluzole	AMYOTROPHIC LATERAL SCLEROSIS	Warfarin	ANTICOAGULANT
Riomet	DIABETES MELLITUS	Zerit	HIV
Risperdal	SCHIZOPHRENIA	Ziagen	HIV
Risperidone	SCHIZOPHRENIA	Zidovudine	HIV
Rituxan	NON-HODGKINS LYMPHOMA	Zolinza	T CELL LYMPHOMA
Rituximab	NON-HODGKINS LYMPHOMA		

BUILD

ODS underwriters use height and weight in order to determine if a person is insurable. The minimum and maximum are noted below, any build outside of these limits is not insurable. Please measure the height and weight all applicants including adults and children. Estimates and guesses are not sufficient.

BUILD CHARTS

MALES		
HEIGHT	MINIMUM LBS	MAXIMUM LBS
4'11"	97	149
5' 0"	99	154
5' 1"	101	159
5' 2"	103	164
5' 3"	105	170
5' 4"	107	175
5' 5"	109	180
5' 6"	113	186
5' 7"	115	192
5' 8"	119	197
5' 9"	123	203
5' 10"	125	209
5' 11"	129	215
6' 0"	133	222
6' 1"	137	228
6' 2"	141	234
6' 3"	145	240
6' 4"	149	247
6' 5"	153	253
6' 6"	157	260
6' 7"	161	266
6' 8"	165	273

FEMALES		
HEIGHT	MINIMUM LBS	MAXIMUM LBS
4'8"	81	134
4'9"	85	138
4'10"	88	143
4'11"	90	147
5' 0"	93	152
5' 1"	95	157
5' 2"	98	162
5' 3"	102	168
5' 4"	104	173
5' 5"	108	178
5' 6"	111	184
5' 7"	114	189
5' 8"	117	193
5' 9"	123	198
5' 10"	126	202
5' 11"	130	213
6' 0"	134	220
6' 1"	137	226
6' 2"	141	232
6' 3"	145	238
6' 4"	149	245

CONDITION LISTING AND PROBABLE ACTIONS

In some situations ODS may decide to offer coverage with a higher annual deductible rather than declining the applicant. A limited number of examples of more common conditions are noted below. When a deductible is shown, the condition may be approved with this deductible or higher. An application must be submitted in order for the applicant to be formally declined.

CONDITION	PROBABLE ACTION
ACNE	
A skin disorder. Severe form may require prescription medication.	
Mild, treated with topical ointments only	\$1000 Deductible
Moderate, treated with oral meds, not Accutane	\$2500 Deductible
Severe or currently on Accutane	Decline
ALLERGIES OR ALLERGIC RHINITIS	
A seasonal or perennial allergy to dust and pollens.	
Seasonal, no asthma or inhaler use	Standard
Perennial or with asthma	\$2500 Deductible
Undergoing desensitization treatments	\$5000 Deductible
All children, 12 and under	\$2500 Deductible
ASTHMA	
Difficult breathing due to allergens.	
Mild, seasonal, no hospitalizations	\$1500 Deductible
Perennial, no hospitalizations	\$2500 Deductible
Severe or with hospitalizations	Decline
BACK STRAIN	
Back muscle pain due to overexertion	
1 episode fully recovered under 1 year	Decline
1 episode fully recovered over 1 year	Standard
Multiple episodes within 3 years, no disc disorder	\$2500 deductible
Multiple episodes over 3 years, no disc disorder	Standard
With spinal manipulation no more than 6 per year	Standard
With spinal manipulation more than 6 per year	\$2500 deductible
Over one year since last manipulation	Standard

DIVERTICULITIS/ DIVERTICULOSIS

Diverticulosis is a pouch in the intestine

Diverticulitis is inflammation of the pouch

Diverticulosis, found incidentally, asymptomatic Standard

Diverticulitis unoperated, 1 attack, recovered:

Over 2 years since recovery Standard

Multiple attacks Decline

Diverticulitis, operated, recovered over 2 years Standard

GERD

Gastroesophageal reflux disorder. Acid reflux.

Mild treated with non prescription medication Standard

Treated with prescription medication \$2500 Deductible

HEADACHES OR MIGRAINES

Mild, occasional episodes Standard

Severe or frequent, definite diagnosis,
not disabling \$2500 Deductible

Disabling Decline

GENITAL HERPES

A viral infection of the genitals.

0 – 6 months since infection Decline

Over 6 months since infection, controlled \$1500 deductible

HEPATITIS

An acute or chronic inflammation of the liver

Hepatitis A: Over 6 months since recovery Standard

Hepatitis B: Over 1 year since full recovery Standard

Hepatitis C,D,G Decline

Hepatitis E Same as Hepatitis A

HYPOTHYROIDISM

Inadequate production of thyroid hormone.

Adequately treated with thyroid supplements Standard

Not adequately treated Decline

IRRITABLE BOWEL SYNDROME

A non-ulcerating irritation of the intestines.

Definite diagnosis, not on prescription medication:

One episode 0 -1 year since last attack \$2500 Deductible

One episode over 1 year since last attack Standard

KNEE DISORDERS

Arthritis of knee or knee replacement	Decline
ACL or meniscus tears, fractures:	
Unoperated	Decline
Operated over 1 Year since surgery, recovered	Standard

OSTEOARTHRITIS

A degenerative arthritis commonly associated with aging.	
Minimal, no interference with function, non weight bearing joint	Standard
Moderate, some interference with function or on prescription medication, non weight bearing joint	\$2500 Deductible
Severe or affecting hips, knees or ankles	Decline

SLEEP APNEA

Cessation of breathing during sleep. Two types:	
Obstructive: due to blockage of the airway	
Central (aka mixed): due to a brain stem disorder	
Obstructive apnea using CPAP, not overweight	\$2500 Deductible
Operated, recovered, no treatment required	Standard
Central or Mixed Apnea	Decline

Some disorders will require additional information to be submitted with the original application, as indicated below.

CHOLESTEROL, ELEVATED

Elevated lipids in the blood	Please give HDL, LDL and Triglyceride readings
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OSTEOPOROSIS OR OSTEOPENIA

A decrease in bone mass due to a variety of causes.	Please submit latest DEXA scan results.
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PAP SMEARS

A laboratory smear of the cervix	If past history of abnormal results, two normal paps required
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SKIN TUMORS

Growths or neoplasms of the skin	Please submit pathology report
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FIRST PREMIUM

In the case of direct bill, the agent is responsible for collecting the full first premium. All checks should be drawn on a personal bank account dated the date the application is signed and made payable to "ODS Companies." Checks made payable to an agency will be returned.

For automatic bank withdrawal from a personal bank account only, all bank information must be submitted with the application and first premium withdrawal will occur immediately on approval. In the case where the effective date of ODS coverage is coordinated with termination of other coverage, a "catch up" withdrawal may be needed to bring the paid-to-date to a current status. After the first premium withdrawal, billing occurs on the 5th of each month. Multiple policies can be drawn from one account.

POLICY DELIVERY

On approval of coverage, ODS will forward the contract, ID cards and any policy amendments directly to the insured within 14 days.

ODS offers a 10-day Free Look on all coverage. Should the client find that the delivered policy does not meet their needs, the policy should be returned to ODS, with written instructions to mark the policy NOT TAKEN. Premiums will be refunded. NOT TAKEN requests will be granted within 10 days of the policy delivery date. Any request received beyond 10 days will be treated as a policy termination effective as of the first of the month following the date of receipt.

Incomplete Application and Follow-up Process a.k.a.

Show Stopper List

(the application cannot go to underwriting until complete with this information)

Application must go back to the *applicant* to complete and initial:

- Missed question on the Health Statement 1-53e
- Yes answer to a question 1-53e but no details provided in Section 6
- Details not complete, missed field on condition, treatment or start/end dates
- Not signed by all applicants over age 18
- Signatures not dated, signature date is over 60 days old, or in the future
- Business checks will be returned for replacement from a personal checking account

Application must go back to the *producer* for:

- No producer signature or date on applications with producer involved
- Support personnel signed for appointed producer
- Non-appointed producer submission

What Marketing can collect via email or phone call from producer or applicant and initial by rep – our outreach will be to the producer, if there is one, for this info:

- Height and Weight
- Last Menstrual Period (LMP)
- Reason last names are different
- Plan selected
- Type of app: A=New Enrollment, B=Upgrade, C=Reinstatement, D=Add dependent
- Doctor's name with medical records not provided or explained no physician
- Applicant's names not listed on the conditional authorization
- Insurance history section first two questions regarding declines and current coverage
- Question number relating to yes answer not part of condition detail
- Billing method not selected
- Conditional Authorization does not list applicant names, but is signed correctly

What can be omitted altogether:

- Dental election – presumed no if no election
- SSN of any applicant
- Marital Status
- Home Phone and Business Phone
- Mailing Address and E-mail Address
- Age
- Travel question
- Have you had ODS in the last 5 years
- Do you or any family members work for an employer who offers coverage; are you enrolled
- Date of last Depo-provera shot
- Waiver or Downgrade – presumed no if no election
- Prior Coverage Credit Section