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# LIST BILL GUIDE FOR EMPLOYER-SPONSORED PLANS

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**Philadelphia American Insurance Company is a subsidiary of the  
New Era Life Insurance Companies (A- rated AM BEST)**

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# TABLE OF CONTENTS

<b>I.</b>	<b><u>Employer Eligibility</u></b>	<b><u>3</u></b>
	Group Size and Benefits	<u>3</u>
	Issue Ages	<u>3</u>
	Occupations	<u>3</u>
	Employee Hours	<u>3</u>
<b>II.</b>	<b><u>Setting up a New Group</u></b>	<b><u>4</u></b>
	Billing Option: List Bill	<u>4</u>
	Billing Option: List Draft (ACH)	<u>4</u>
	Fees	<u>5</u>
	Commissions	<u>5</u>
<b>III.</b>	<b><u>Underwriting Guidelines and Definitions</u></b>	<b><u>5</u></b>
	Simplified Issue (SI)	<u>5</u>
	Full Underwriting	<u>5</u>
	Guarantee Issue (GI)	<u>6</u>
	Pre-Existing Conditions	<u>6</u>
	Dependents	<u>6</u>
	Product Rules	<u>6</u>
<b>IV.</b>	<b><u>Changes in Participation and Benefits</u></b>	<b><u>7</u></b>
	Reapplying for Business	<u>7</u>
	Adding Employees to an Existing Group	<u>8</u>
	Upgrade/Adding Benefits	<u>8</u>
<b>V.</b>	<b><u>Contingent Issue Guidelines Chart</u></b>	<b><u>9</u></b>

## I. Employer Eligibility

### **Group Size and Benefits**

- The minimum enrollment to establish a list bill arrangement (paper roster bill) is 5 lives.
- The maximum enrollment to establish a list draft arrangement (bank ACH) is 12 lives.
- Please refer to the Contingent Issue chart on page 9 for group eligibility, size, and product guidelines.

### **Issue Ages**

All plans are available for applicants ages 30 days old to 64 years old. If an employee or dependent's age falls outside the age range, they are not eligible for coverage.

### **Occupations**

To qualify for coverage, the employer's industry **must not** be on this list of Ineligible Industries.

- Adult Entertainers/Dancers
- Armed Services (Active Duty)
- Asbestos/Toxic Chemical Workers
- Athletes-Professional or Semi-Professional (who participate in a contact sport such as Football, Soccer, Basketball, Baseball, or Wrestling)
- Crop Dusters
- Explosives Workers
- High Rise Steel Workers
- Legal Professionals. Attorneys handling criminal cases, not civil cases, can be considered with a special form signed by the attorney.
- Physicians
- Race Car Drivers
- Rodeo and Circus Workers
- Skydivers, Stuntmen
- Underground Workers
- Unemployed due to a disability
- Window Washers above 3 stories

### **Employee Hours**

Employers must provide documentation which will be verified, that all employees work a minimum of 28 hours per week. If the employee works less than 28 hours, they can be included in the billing BUT must answer all medical questions to qualify for coverage.

## II. Setting up a New Group

### **Billing Option: List Bill**

- Minimum Enrollment is 5 Lives
- A List Bill Acceptance form is required to set up a new group. The completed form may be emailed to [listbill@neweralife.com](mailto:listbill@neweralife.com) or faxed to 281-368-7189. You will be notified when the group account has been set up in our system, and a number has been assigned. The group number is required before enrollment can begin. Please allow at least 24 hours for the group account to be established.
- Once the enrollment is complete, a List Bill Transmittal must be forwarded to [listbill@neweralife.com](mailto:listbill@neweralife.com) or faxed to 281-368-7189 indicating the enrollment details (names/number of employees, etc.).
- List bills are produced approximately 15 days before the due date of the policies. All effective dates must be on the same day of the month to bill on one invoice.
- All Employer forms can be found on your agent portal under the "Forms" tab.
- **ATTN: The List Bill Transmittal is necessary to evaluate the composition of your group. The group will not be released to the Underwriting Department until this form is received.**

### **Billing Option: List Draft (ACH)**

- Maximum Enrollment is 12 Lives
- An Employer Bank Draft Acceptance form **and** an Employer Bank Draft Authorization form listing all employees we are authorized to draft for, along with a voided check, are required to set up a new ACH group (maximum 12 lives). The completed forms may be emailed to [listbill@neweralife.com](mailto:listbill@neweralife.com) or faxed to 281-368-7189. Please allow at least 24 hours for the group account to be established, as the group number is required before enrollment can begin. You will be notified when the group account has been set up on our system, and a number has been assigned.
- The group will be released to the underwriting department when all employees listed on the Employer Bank Draft Authorization have been enrolled.

- Draft notices are produced and mailed on the 25<sup>th</sup> of each month (or the following business day), and the drafts will occur on the designated due date. All policies must be effective on the same day of the month.
- All Employer forms can be found on your agent portal under the "Forms" tab.
- **ATTN: The group will not be released to the underwriting department until the enrollment matches the bank draft authorization form. If any enrollment changes are made after the Employer Bank Draft Authorization is submitted, you must contact us by phone or email ([listbill@neweralife.com](mailto:listbill@neweralife.com)) to make changes. If additional employees are added, we will require a new form.**

#### **Fees**

- There is a \$30 fee per application for the Premier, HSP, or HCS products. This amount will not exceed \$150. There are no fees for all other plans and no future fees for the lifetime of the group.

#### **Commissions:**

- There is no advance on List bills. However, we do advance on List drafts. Commissions are paid as earned.

### **III. Underwriting Guidelines and Definitions**

#### **Simplified Issue (SI)**

- All health questions need to be answered. No phone interviews or e- verifications are required.

#### **Full Underwriting**

- All health questions must be answered. A phone interview or e- verification will also be required.
- Full underwriting will be required to add additional employees who apply after the initial enrollment period.
- Refer to the ***Philadelphia American Life Insurance Underwriting Guide*** for details on acceptable medical conditions, ratings, and height/weight limits.

### **Guarantee Issue (GI)**

- *Health questions are not required on GI applications.*
- All GI groups will have a 1-point (15%) rate-up on the base health premium of each employee.
- Contingent Issue policies are **ONLY** available for employees during the initial enrollment, and groups must meet the participation requirement. Groups have **ONE** opportunity to have Guarantee Issue. This includes converting to other plans.
- For pre-approved contingent guaranteed issue groups: The employer must attest that during the past 3 months, except for minor illness of one (1) week or less or pregnancy, the employees listed have not had any illness, injury, or health-related problem that has prohibited any proposed insured from working full time at their regular occupation or performing the normal activities of a person of the same age.
- All members must apply for the same benefits, including riders.
- Critical Illness and Specified Disease are not available on a GI basis. Employees may purchase these products separately and are subject to full underwriting.

### **Pre- Existing Conditions**

- Pre-existing conditions are NOT covered in groups for 12 months, depending on state laws. This guideline applies to GI and fully underwritten business.

### **Dependents**

- Dependents are not eligible for GI and must be written on a separate application. They are subject to full underwriting.

### **Product Rules**

- Hospital indemnity (HCS/HSP/Premier)
  - The only rider available on GI group plans is the Enhanced Benefit Rider (EBR) under the HCS product.
  - **The policies will be rated an additional 15% when the EBR is purchased.**

- Enhanced Accident (EAP)
  - This product can be written as a guarantee issue only if submitted with an HCS, HSP, or Premier product or if a hospital indemnity policy is already in place. If submitted with a rider, it is subject to full underwriting.
- Critical Illness (CI)
  - Guarantee Issue is not available for critical illness plans. All health questions must be answered regardless of the face amount. For all States, the face amounts allowed on a stand-alone CI plan are \$10,000 or \$20,000. For CI with the HSP/HCS, there are no restrictions on the face amounts, but a telephone interview will be required for CI face amounts of \$40,000 and over. A phone interview on lower CI amounts may be requested at the Underwriter's discretion.
- Specified Disease and Catastrophic Accident
  - If either plan is offered, it will require a phone interview or e-verification, and the medical questions must be answered.
  - This plan can only be sold with an HCS or HSP plan and cannot be added at a later date.
  - We will not offer the Specified Disease and Health plan if the applicant keeps other coverage or has an ACA plan.
- Dental
  - Dental plans are reviewed as Guarantee Issue and will not require a phone interview or E-verification.
- GAP
  - Before a GAP Plan is issued, the Primary Medical Policy must be in force, and we will need the insurance carrier's name and the policy number on the application. We cannot make the effective date of a GAP policy before the effective date of the Primary Medical Policy. **GAP plans cannot be sold with the HSP Series or HCS.**

## IV. Changes in Participation and Benefits

### Reapplying for Business

- If the employer no longer participates by choice and reapplies, the application must be fully underwritten (regardless of initially applying under GI)

### **Adding Employees to an Existing Group**

- An application and a new List Bill Transmittal form or bank draft authorization should be completed and returned to our office. There is no Guarantee Issue for additional employees added later. Upon approval of the new application, we will automatically add the policies to the next available list bill/bank draft notice. The effective date of the new coverage will be determined at the time of approval and will be dated to coincide with the billing dates of existing policies. List bill statements are produced 15 days before the due date, and bank draft notices are produced 5 days before the end of the month. Please allow sufficient processing time when adding new employees.
- **If your group has already billed for a given due date, the application(s) will be dated to coincide with the next due date of the group.**

### **Upgrades/Adding Benefits**

- Upgraded benefits will require a separate application and will be fully underwritten. Benefits and riders can be upgraded or added within 31 days of enrollment with a counteroffer. After 31 days, a policy change request should be sent to policyholder services ([policyholderservice@neweralife.com](mailto:policyholderservice@neweralife.com))

## V. Contingent Issue Insurance Guidelines

Number of Eligible Employees	Minimum Required Participating Employees	HSP Series/ Health Choice Select/ Premier	Enhanced Accident Plan	GAP Plan (Cannot be sold with the HSP Series or HCS)	Critical Illness/On separate apps
5-12 employees	Guarantee Issue is not available	All questions need to be answered and phone interviews are required.	All questions need to be answered and phone interviews are required.	Maximum Benefit Level \$6,000. Must have a Primary Medical Policy in force. Phone or electronic interview is required.	Applicants may apply for up to \$40k or \$50k of CI benefits and must answer NO to all health questions. A phone interview is required.
13-18 employees	10 Participating Employees  [Purchasing HSP Series /HCS/GAP]	<b>Guarantee Issue Benefits</b> <b>*HSP Series:</b> \$2500 with 1 unit OR \$5000 with 2 units  CYM \$100,000 or \$250,000  <b>*HCS:</b> 20% first-day confinement  CYM \$100,000 or \$250,000  Enhanced Benefit rider or the ER/Urgent care rider. If sold, all applicants in the group must apply for the rider.	<b>Guarantee Issue Benefits</b> Can be GI if an HSP/HCS series is included.  No Riders allowed  Stand-alone products are accepted with full underwriting only	<b>Guarantee Issue Benefits</b> Max \$6,000 Benefit level  Must have a primary Medical Policy in force  <b>Simplified Issue</b> Max \$6,000 Benefit	Applicants may apply for up to \$40k or \$50k of CI benefits and must answer NO to all health questions. A phone interview is required.
19 –24 employees	14 Participating Employees  [Purchasing HSP Series /HCS/GAP]	  <b>See above for criteria</b>	<b>Guarantee Issue Benefits</b> Can be GI if an HSP/HCS series is included.  No Riders allowed  Stand-alone products are accepted with full underwriting only	<b>Guarantee Issue Benefits</b> Max \$6,000 Benefit level  Must have a primary Medical Policy in force  <b>Simplified Issue</b> Max \$6,000 Benefit	Applicants may apply for up to \$40k or \$50k of CI benefits and must answer NO to all health questions. A phone interview is required.
25-36 Employees	18 Participating Employees  [Purchasing HSP Series /HCS/GAP]	  <b>See above for criteria</b>	<b>Guarantee Issue Benefits</b> Can be GI if an HSP/HCS series is included.  No Riders allowed  Stand-alone products are accepted with full underwriting only	<b>Guarantee Issue Benefits</b> Max \$6,000 Benefit level  Must have a primary Medical Policy in force  <b>Simplified Issue</b> Max \$6,000 Benefit	Applicants may apply for up to \$40k or \$50k of CI benefits and must answer NO to all health questions. A phone interview is required.

Number of Eligible Employees	Minimum Required Participating Employees	HSP Series/ Health Choice Select/ Premier	Enhanced Accident Plan	GAP Plan (Cannot be sold with the HSP Series or HCS)	Critical Illness/On separate apps
37–50 Employees	25 Participating Employees  [Purchasing HSP Series /HCS/GAP	See above for criteria	<b>Guarantee Issue Benefits</b> Can be GI if an HSP/HCS series is included. No Riders allowed Stand-alone products are accepted with full underwriting only	<b>Guarantee Issue Benefits</b> Max \$6,000 Benefit level  <b>Simplified Issue</b> Max \$6,000 Benefit	Applicants may apply for up to \$40k or \$50k of CI benefits and must answer NO to all health questions. A phone interview is required.
50+ Employees	Please check with the Under 65 Marketing Department	Please check with the Under 65 Marketing Department	Please check with the Under 65 Marketing Department	Please check with the Under 65 Marketing Department	Please check with the Under 65 Marketing Department