AMERICO

Medicare Supplement

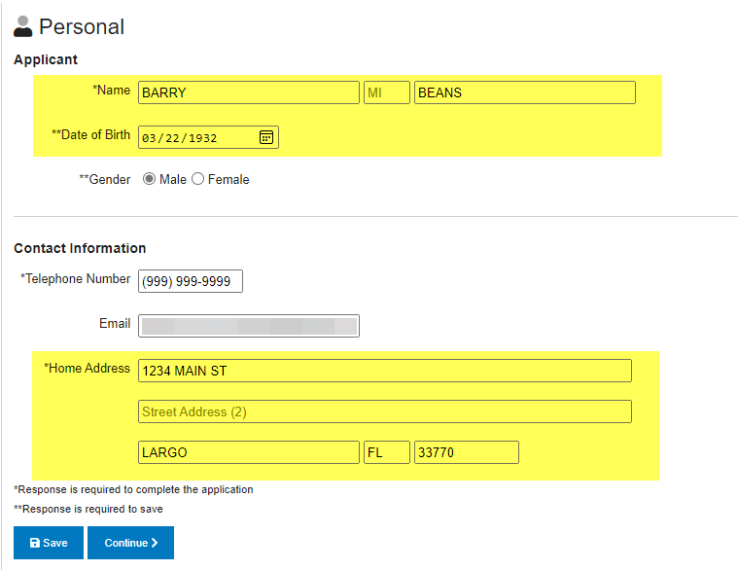
Security Question Signature Reference Guide

AMERICO

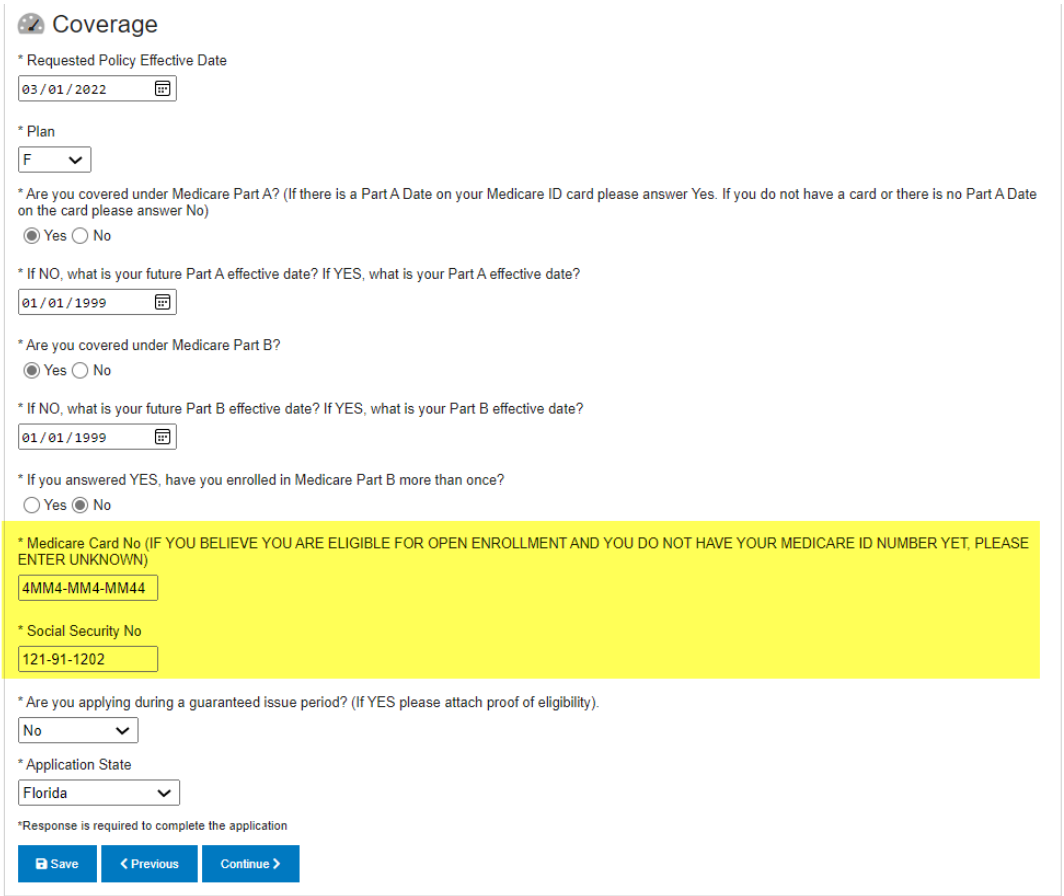
Process Overview:

At the beginning of the electronic application process, the Agent collects all needed information to complete an application which includes Name, Date of Birth, Address, Social Security Number and Medicare Beneficiary Identifier (MBI).

O.1

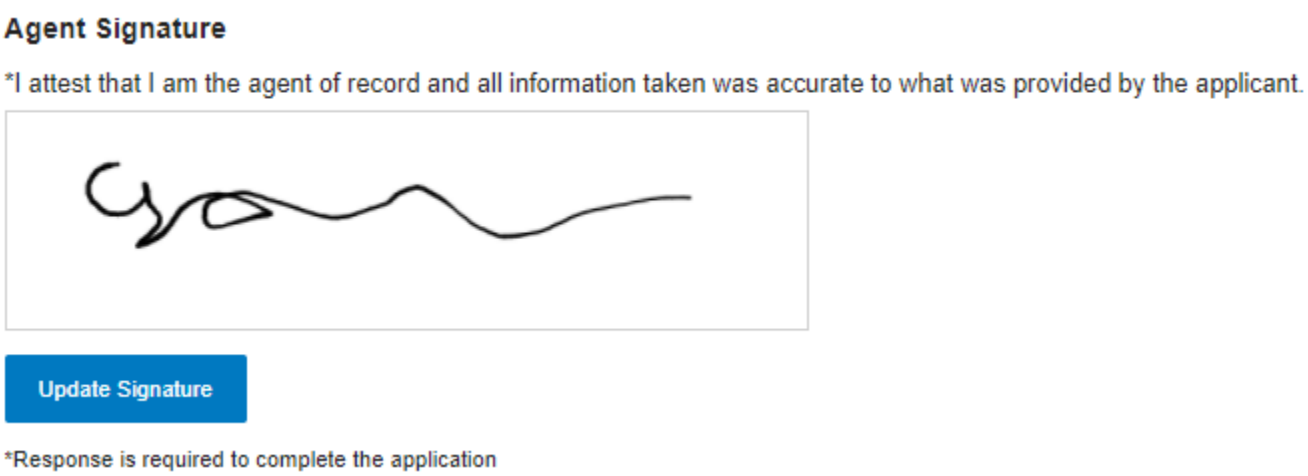


O.2



At the end of the electronic application process, the Agent will sign in the signature box attesting that they are the agent of record and all information is accurate.

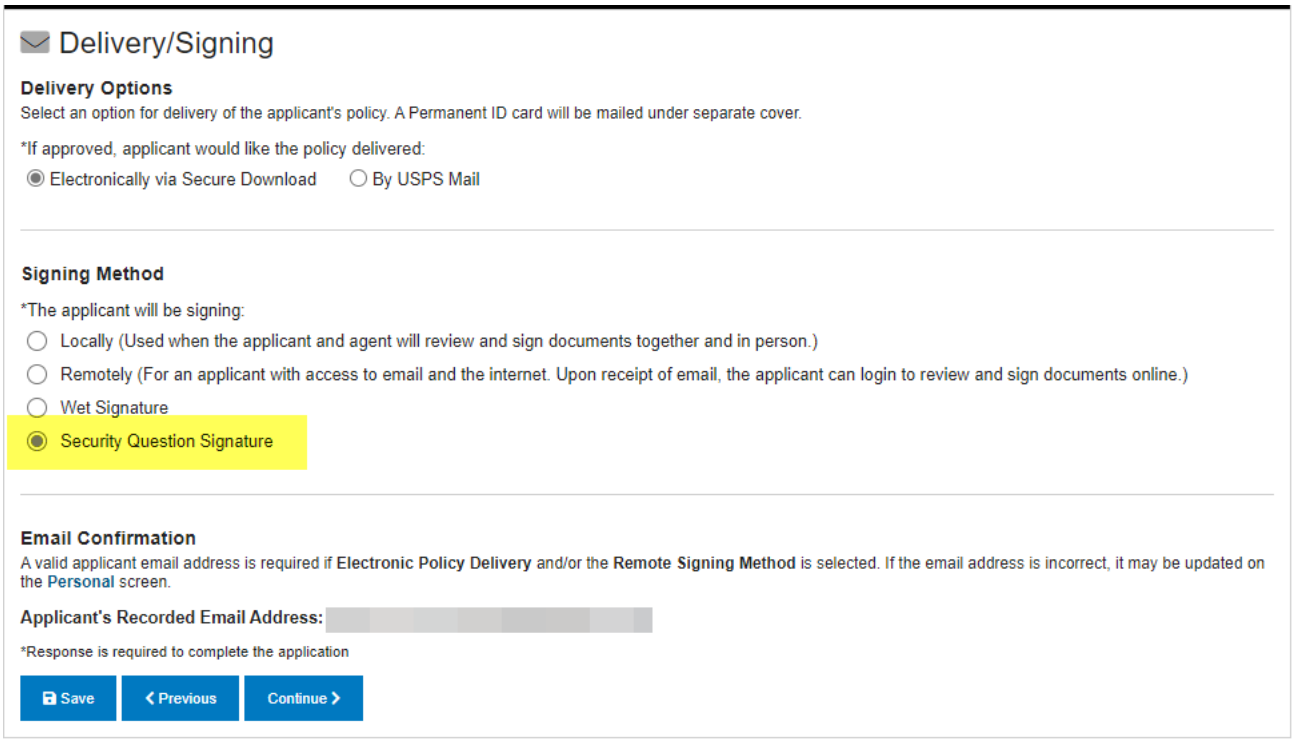
O.3



Next, the Agent will select which signing option fits the scenario:

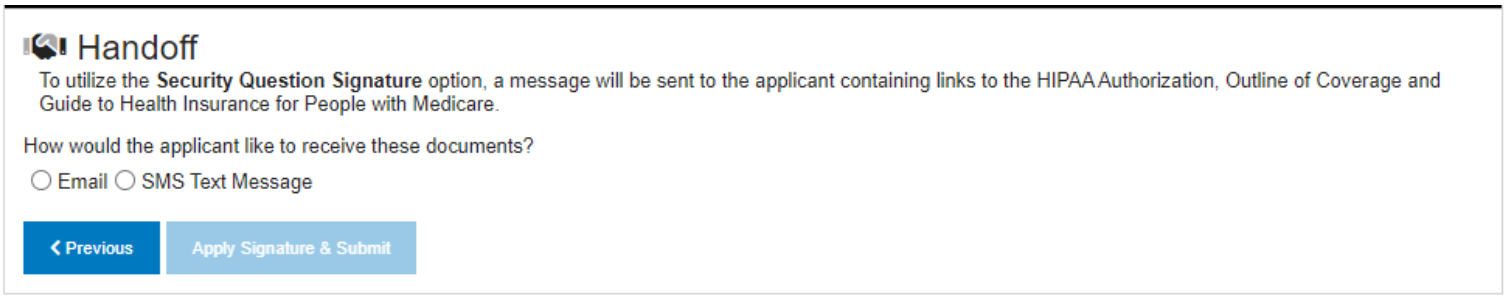
The agent will select <u>"Security Question Signature"</u> if the applicant wants to use the security question signing option to acknowledge and apply their signature to the application and any applicable forms.

O.4



The applicant can receive the links to the HIPAA Authorization, Outline of Coverage, and Guide to Health Insurance for People with Medicare either via email or SMS text message.

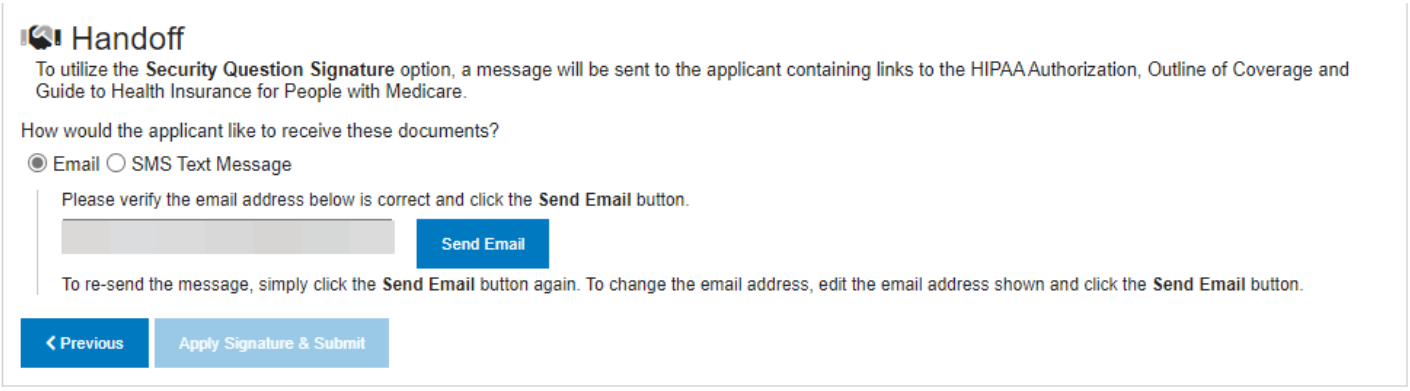
O.5



Email Process Overview:

If email is selected, the agent will enter in the applicant's email address, and select the Send Email button. This will generate the email with the links to the documents the applicant needs to read/review prior to electronically signing their application documents.

E.1



Below is the email sent to the applicant with links to the HIPAA authorization, Outline of Coverage, and Guide to Health Insurance for People with Medicare.

E.2

From: no-reply@iasadmin.com <no-reply@iasadmin.com>
Sent: Wednesday, March 30, 2022 1:05 PM
To: Melissa Theobald <Melissa.Theobald@iasadmin.com>
Subject: Important documents regarding your <Client Name> Application # <#>

Dear Applicant,

Thank you for taking the time to apply for Medicare Supplement insurance with <Client Name>. Your agent, Jeff Sellers, has indicated you wish to sign your insurance documents using our **Security Question** electronic signature option.

We have included links in this email to the following documents: HIPAA Authorization, Outline of Coverage and the Guide to Health Insurance for People with Medicare. It is important that you read the HIPAA Authorization form prior to agreeing to sign the application and other required documents.

Your agent will not be able to proceed with the electronic signature process until you have selected the HIPAA Authorization link below and agree to continue. In addition, your agent will verify you received this email and read the HIPAA Authorization language prior to asking for your Security Question answer.

HIPAA Authorization
Outline of Coverage
Guide to Health Insurance for People with Medicare

If you have any questions, please speak with your agent, Jeff Sellers.

Regards,

<Client Name>

When the applicant clicks on the HIPAA Authorization link in the email, they will be taken to the client specific HIPAA Authorization where they will need to click the check box on the bottom of the page in order to continue with the security question signing.

E.3

Health Information
Authorization

GREAT SOUTHERN LIFE INSURANCE COMPANY

This Authorization complies with the HIPAA Privacy Rule

You agree to provide your personal health information to Americo Financial Life and Annuity Insurance Company and/or Great Southern Life Insurance Company ("the Companies") and its agents, and to allow the Companies to access your protected health information from other sources so that it and its affiliates may evaluate your insurability and make a coverage or issuance determination. Information regarding your insurability will be treated as confidential. The Companies are members of MIB, Inc. (MIB). The Companies, or its reinsurers, may make a brief report to MIB, which operates an information exchange on behalf of its members. If you apply to another member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB may supply such company with the information in its file. The Companies or its reinsurers may also release your protected health information to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. It is the Companies' practice to prohibit third parties who lawfully receive nonpublic health information from redisclosing or reusing the disclosed information. You may request to see the information kept in your MIB file. You may also contact MIB and seek correction of any errors in your file.

Your authorization permits any insurance or reinsurance company, health plan, licensed medical physician, health care professional, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, records custodians, other medical or medical related facility, or other health care provider that has provided services, treatment or payment to you or on your behalf, within the past 10 years ("Your Providers"), or any clearing house, consumer reporting agency, or MIB, to disclose your entire medical record and any other protected health information, concerning you to Americo Financial Life and Annuity Insurance Company and/or Great Southern Life Insurance Company or its reinsurers, employees and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and nicotine products, but excludes psychotherapy notes and excludes information related to genetic tests or genetic services (except to pay a claim related to such tests or services).

By your signature below, you acknowledge that any agreements you have made to restrict your protected health information does not apply to this Authorization and you instruct any physician, health care professional, hospital, clinic, medical facility, or other health care provider to release and disclose your entire medial record without restriction.

Your protected health information is to be disclosed under this Authorization so that the Companies may: (1) underwrite your application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; (2) obtain reinsurance; (3) administer claims and determine or fulfill their responsibility for coverage and provision for benefits; (4) administer coverage; (5) conduct other legally permissible activities that relate to any coverage you have applied for with Great Southern Life; and (6) market other of the Companies' insurance products to you.

By your execution of this Authorization, you agree that the Companies' may disclose your protected health information and the details of your medical history used in the underwriting, declination or approval of your application for coverage and may disclose specific information to the sales agent listed on this application.

This Authorization shall remain in force for 30 months following the date of your signature below, and a copy of this Authorization is as valid as the original. This Authorization may be revoked by sending a written request for revocation to Americo Life, Inc. at PO Box 410288, Kansas City, MO 64141-0288, Attention: Legal Department; however, a revocation is not effective to the extent that any of Your Providers has relied on this Authorization or to the extent that the Companies have a legal right to contest a claim under an insurance policy or to contest the policy itself. Any information that is disclosed pursuant to this Authorization may be redisclosed and is no longer covered by federal rules governing privacy and confidentially of health information.

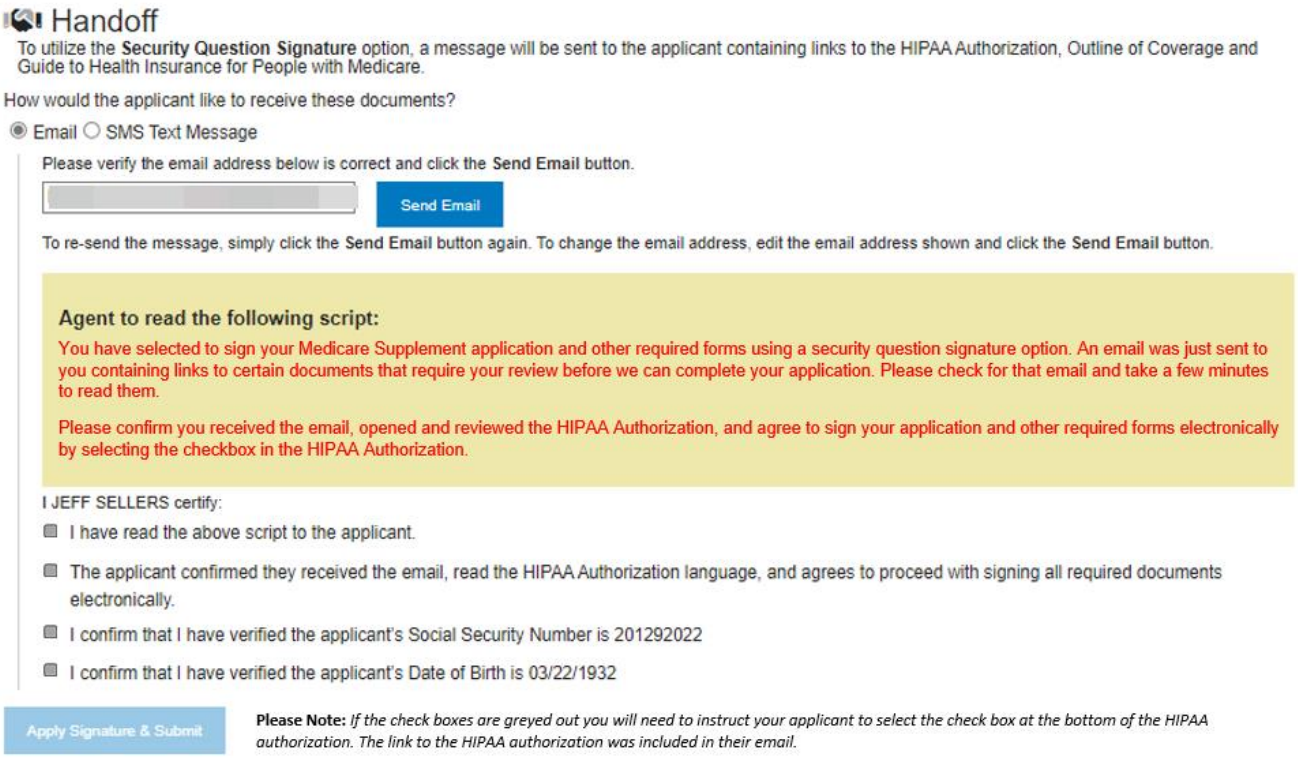
Your Providers may not refuse to provide treatment or payment for health care services if you refuse to sign this Authorization. If you refuse to sign this Authorization to release your complete medical record, the Companies may not be able to process your application, or if coverage has been issued may not be able to make any benefit payments.

Name of Applicant *(please print)*	Applicant's Date of Birth
Signature of Applicant or Personal Representative	Date
Description of Personal Representative's Authority or Relationship to Applicant *(if applicable)*	

☐ I confirm that I have read the HIPAA Authorization language and agree to the terms above.

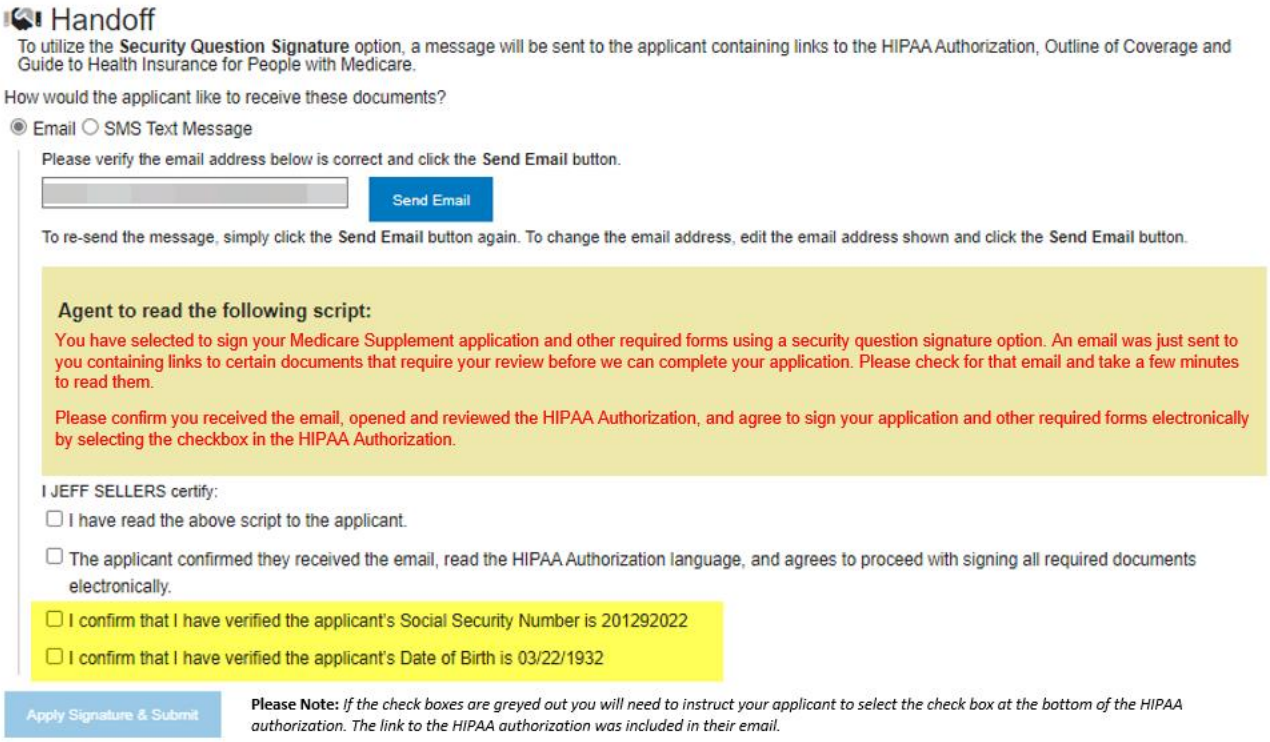
The agent will not be able to continue with the Security Question Signature until the applicant has clicked the HIPAA Authorization in the email that was sent. Agent certification check boxes will not become available to the agent until the system has collected the date/time stamp of when the applicant opened the link in their email and checked the box that they agree to continue.

E.4



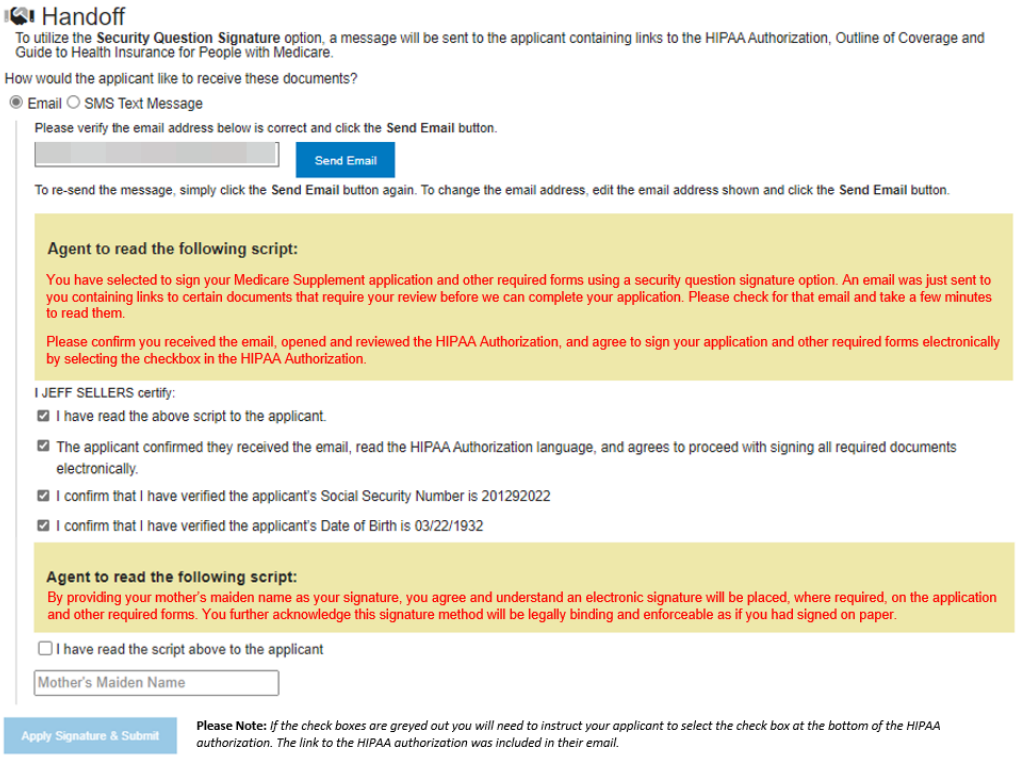
The agent will have scripts that he will need to read to the applicant and attest that it was read in order for the next script to be presented. The agent will also verify the applicants Date of Birth and Social Security Number. He will not be able to continue with the signing process until he certifies both Date of Birth and Social Security Number were verified.

E.5

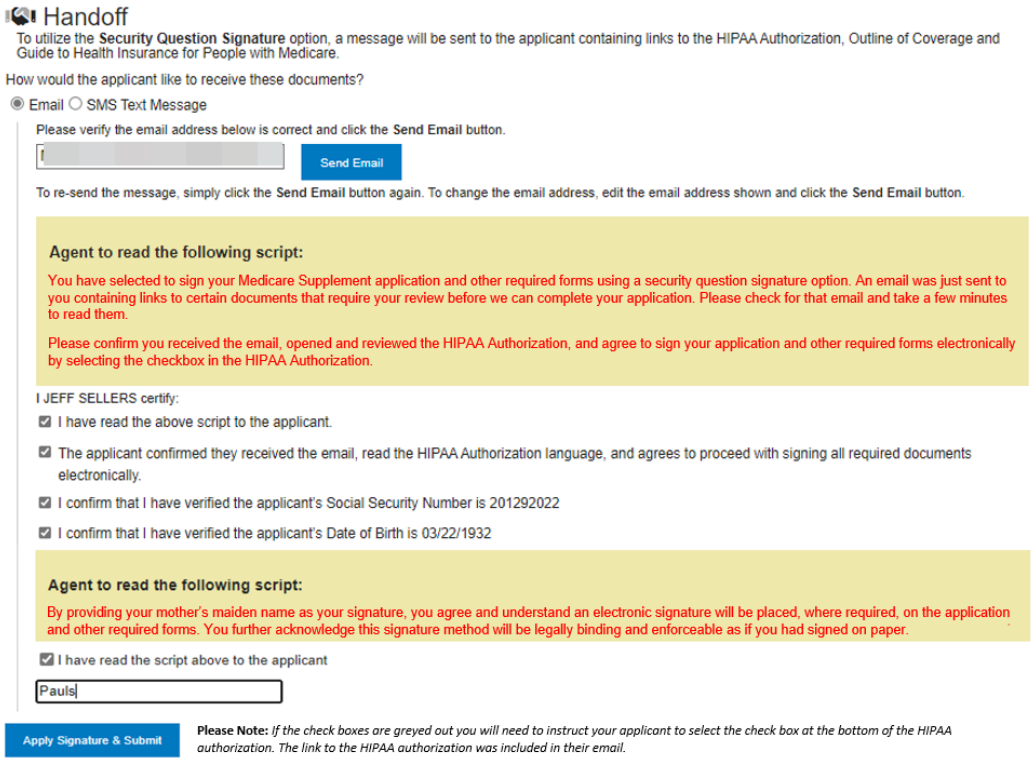


The additional script will display for the agent to read and attest that they read to the Applicant, and the Mother's Maiden Name must be entered in order for the "Apply Signature & Submit" button to be available.

E.6.1



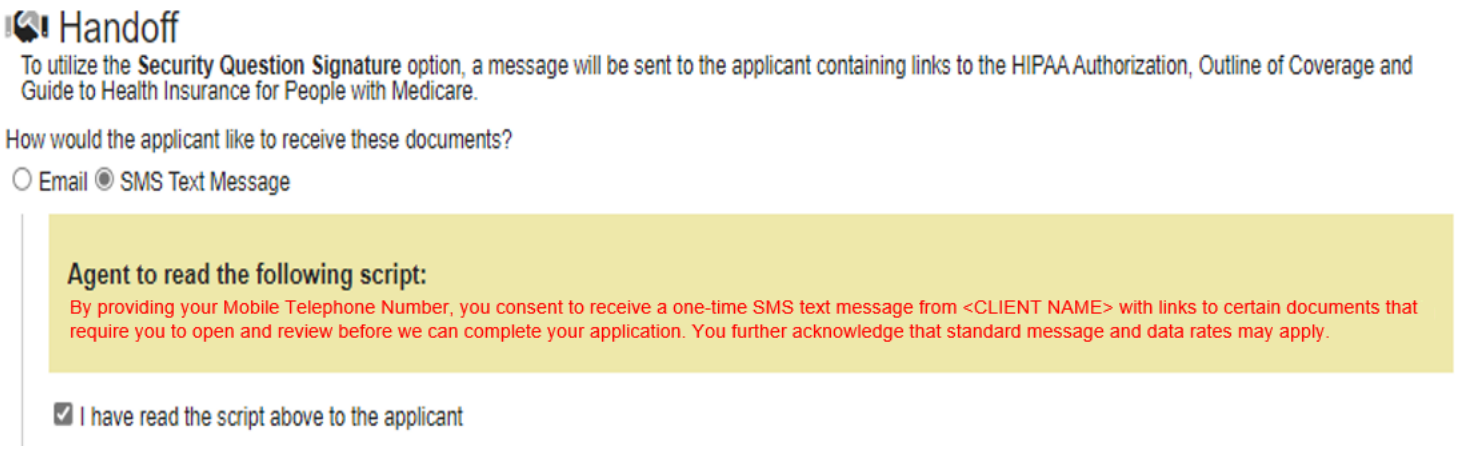
E.6.2



SMS Text Message Process Overview:

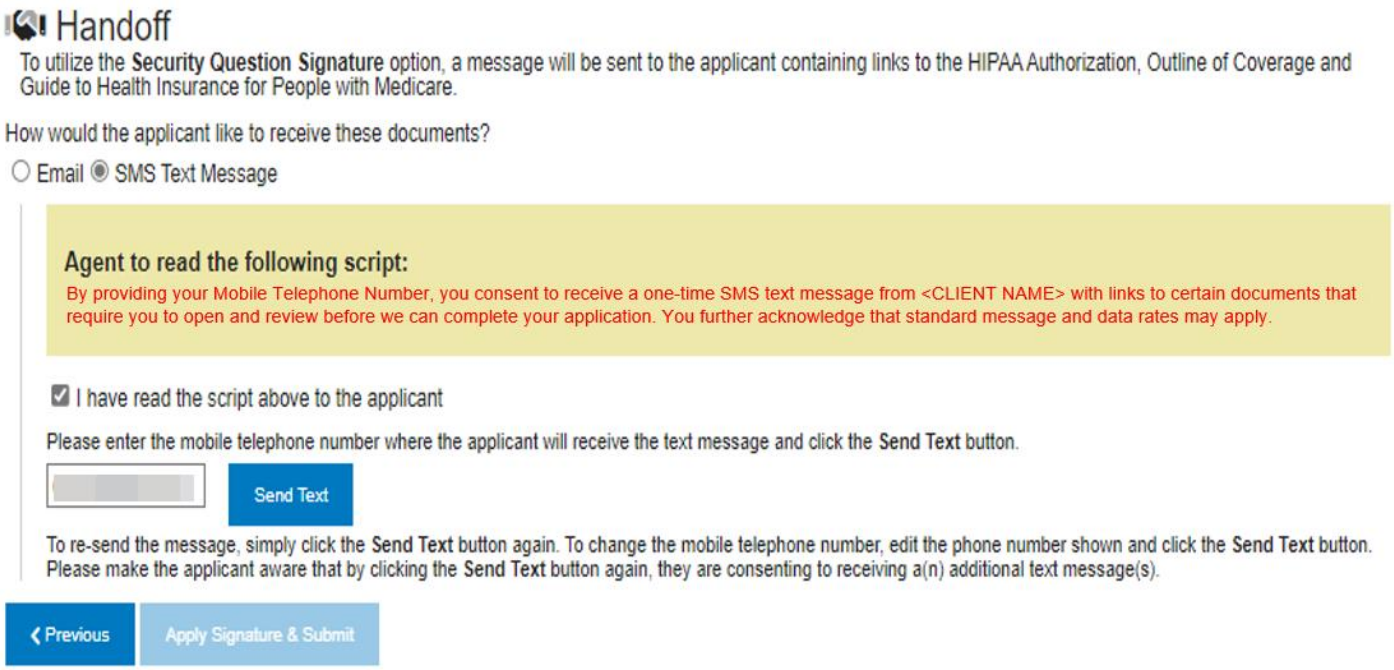
If SMS Text Message is selected, the agent will need to read a script and attest that it was read in order to be able to enter in the applicant's mobile telephone number to receive the links to the documents the applicant needs to read/review prior to electronically signing their application documents.

S.1



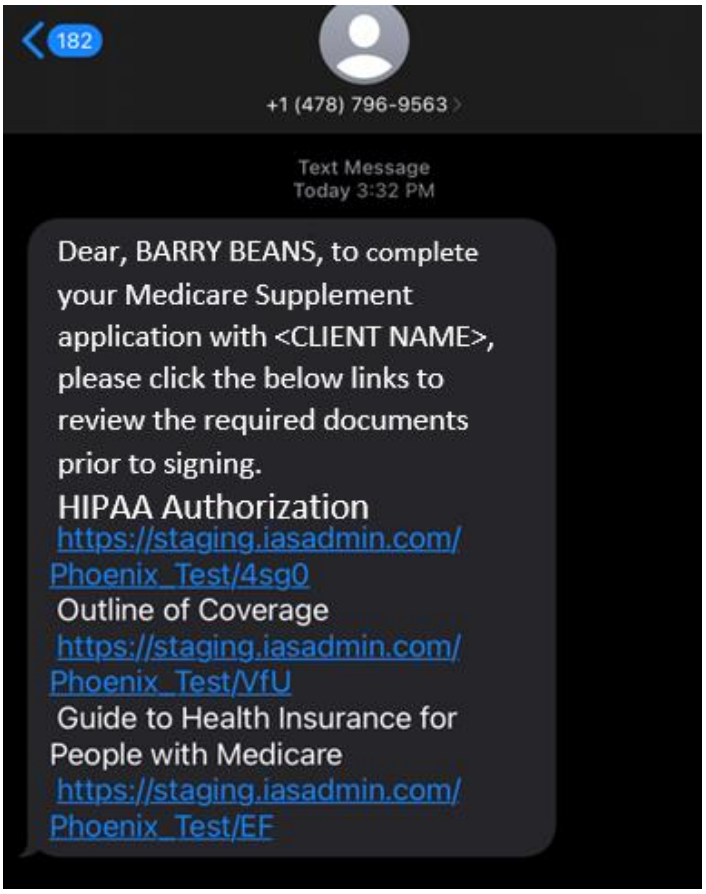
Once the agent confirms the initial script has been read the agent will enter in the applicant's mobile telephone number and select Send Text.

S.2



Below is the SMS text message sent to the applicant with links to the HIPAA authorization, Outline of Coverage, and Guide to Health Insurance for People with Medicare.

S.3



When the applicant clicks on the HIPAA Authorization link in the text message, they will be taken to the client specific HIPAA Authorization where they will need to click the check box on the bottom of the page in order to continue with the security question signing.

S.4

Health Information
Authorization

GREAT SOUTHERN LIFE INSURANCE COMPANY

This Authorization complies with the HIPAA Privacy Rule

You agree to provide your personal health information to Americo Financial Life and Annuity Insurance Company and/or Great Southern Life Insurance Company ("the Companies") and its agents, and to allow the Companies to access your protected health information from other sources so that it and its affiliates may evaluate your insurability and make a coverage or issuance determination. Information regarding your insurability will be treated as confidential. The Companies are members of MIB, Inc. (MIB). The Companies, or its reinsurers, may make a brief report to MIB, which operates an information exchange on behalf of its members. If you apply to another member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB may supply such company with the information in its file. The Companies or its reinsurers may also release your protected health information to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. It is the Companies' practice to prohibit third parties who lawfully receive nonpublic health information from redisclosing or reusing the disclosed information. You may request to see the information kept in your MIB file. You may also contact MIB and seek correction of any errors in your file.

Your authorization permits any insurance or reinsurance company, health plan, licensed medical physician, health care professional, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, records custodians, other medical or medical related facility, or other health care provider that has provided services, treatment or payment to you or on your behalf, within the past 10 years ("Your Providers"), or any clearing house, consumer reporting agency, or MIB, to disclose your entire medical record and any other protected health information, concerning you to Americo Financial Life and Annuity Insurance Company and/or Great Southern Life Insurance Company or its reinsurers, employees and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and nicotine products, but excludes psychotherapy notes and excludes information related to genetic tests or genetic services (except to pay a claim related to such tests or services).

By your signature below, you acknowledge that any agreements you have made to restrict your protected health information does not apply to this Authorization and you instruct any physician, health care professional, hospital, clinic, medical facility, or other health care provider to release and disclose your entire medial record without restriction.

Your protected health information is to be disclosed under this Authorization so that the Companies may: (1) underwrite your application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; (2) obtain reinsurance; (3) administer claims and determine or fulfill their responsibility for coverage and provision for benefits; (4) administer coverage; (5) conduct other legally permissible activities that relate to any coverage you have applied for with Great Southern Life; and (6) market other of the Companies' insurance products to you.

By your execution of this Authorization, you agree that the Companies' may disclose your protected health information and the details of your medical history used in the underwriting, declination or approval of your application for coverage and may disclose specific information to the sales agent listed on this application.

This Authorization shall remain in force for 30 months following the date of your signature below, and a copy of this Authorization is as valid as the original. This Authorization may be revoked by sending a written request for revocation to Americo Life, Inc. at PO Box 410288, Kansas City, MO 64141-0288, Attention: Legal Department; however, a revocation is not effective to the extent that any of Your Providers has relied on this Authorization or to the extent that the Companies have a legal right to contest a claim under an insurance policy or to contest the policy itself. Any information that is disclosed pursuant to this Authorization may be redisclosed and is no longer covered by federal rules governing privacy and confidentially of health information.

Your Providers may not refuse to provide treatment or payment for health care services if you refuse to sign this Authorization. If you refuse to sign this Authorization to release your complete medical record, the Companies may not be able to process your application, or if coverage has been issued may not be able to make any benefit payments.

Name of Applicant *(please print)* | Applicant's Date of Birth

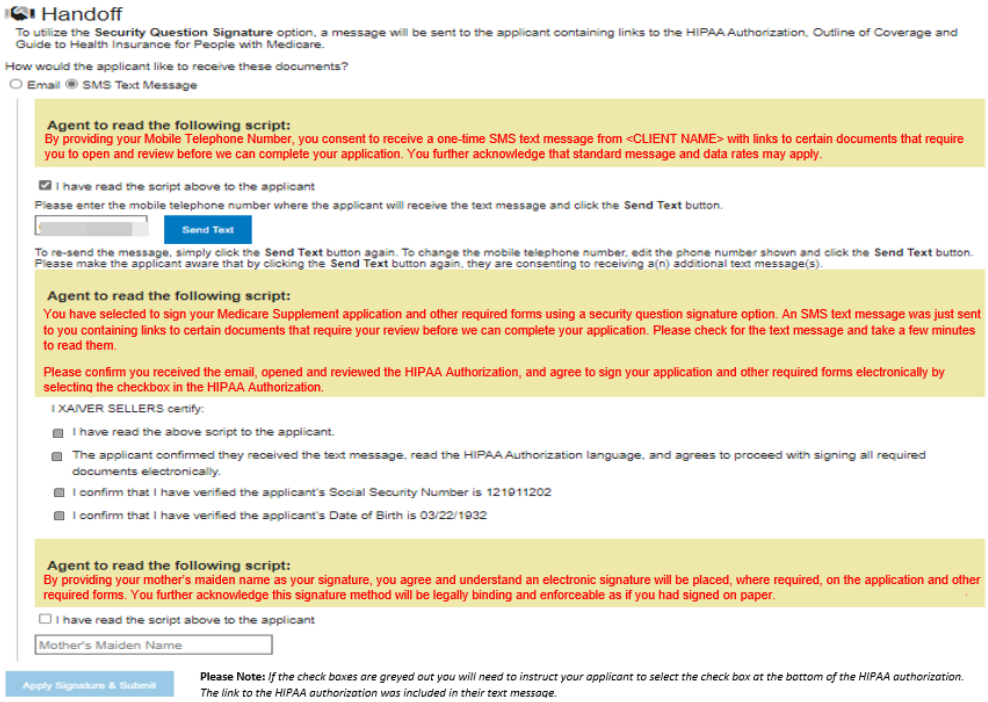
Signature of Applicant or Personal Representative | Date

Description of Personal Representative's Authority or Relationship to Applicant *(if applicable)*

☐ I confirm that I have read the HIPAA Authorization language and agree to the terms above.

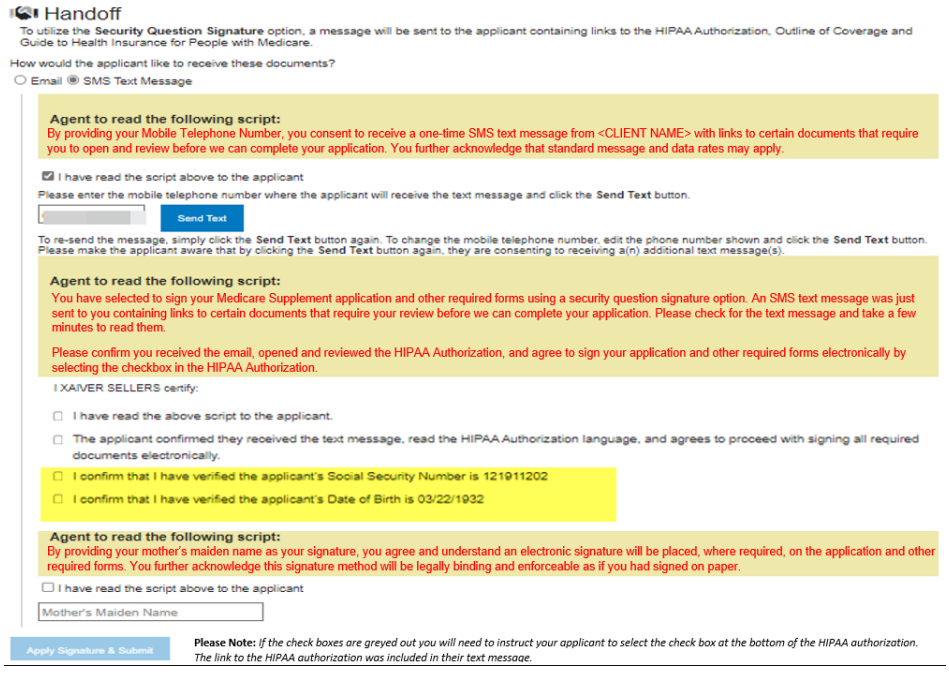
The agent will not be able to continue with the Security Question Signature until the applicant has clicked the HIPAA Authorization in the text message that was sent. Agent certification check boxes will not become available to the agent until the system has collected the date/time stamp of when the applicant opened the link in their text message.

S.5



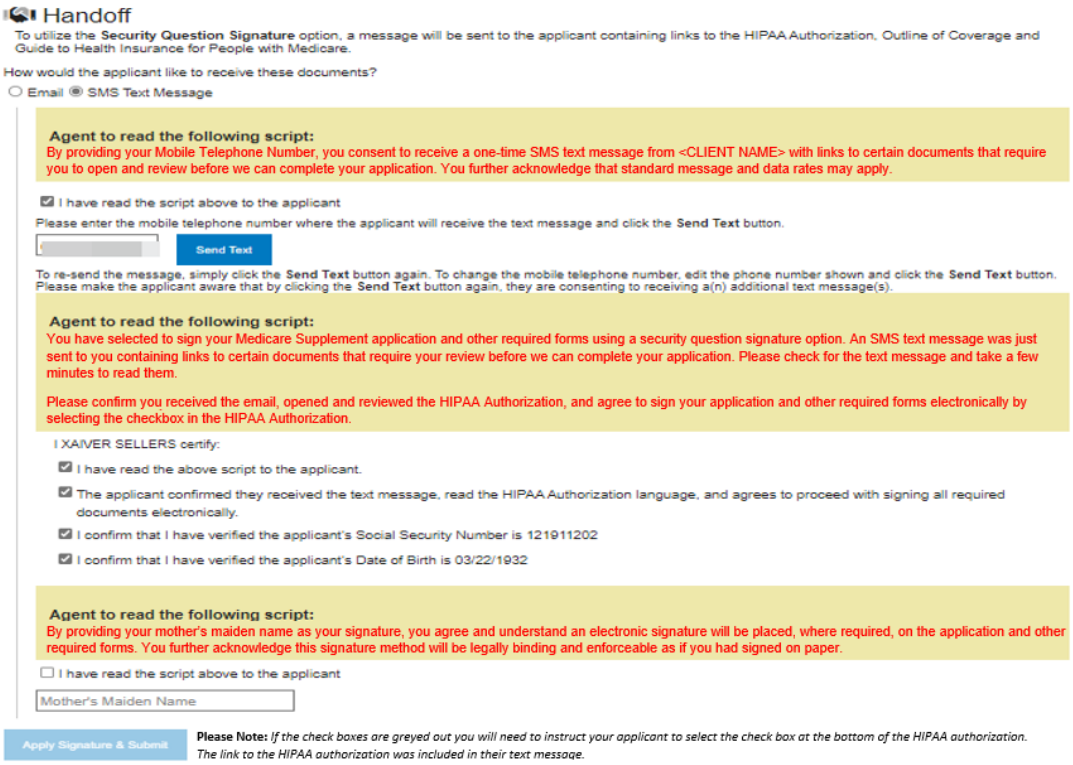
Once the agent has confirmed that the SMS text message was received and the applicant has opened the HIPAA Authorization and agrees to proceed with signing all required documents electronically, the agent will be presented with an additional script and he will need to certify that he has read it to the applicant. The agent will also verify the applicants Date of Birth and Social Security Number. He will not be able to continue with the signing process until he certifies both Date of Birth and Social Security Number were verified.

S.6

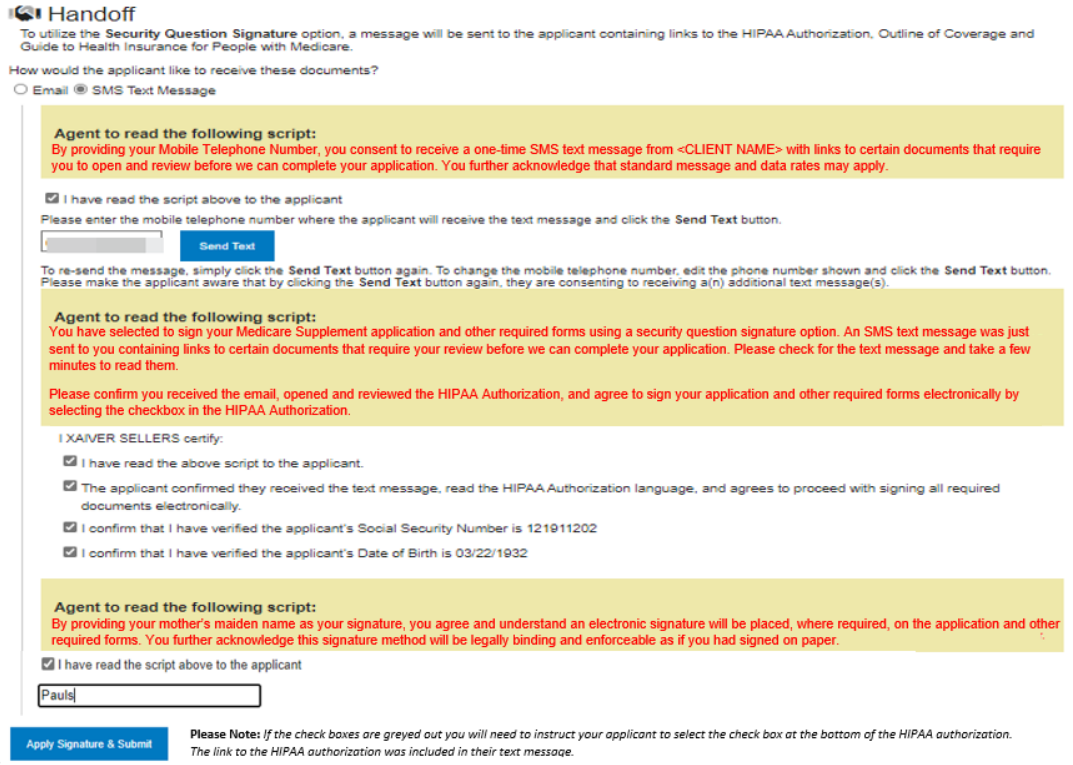


Additional scripts will display for the agent to read and attest that they read to the Applicant, and the Mother's Maiden Name must be entered in order for the "Apply Signature & Submit" button to be available.

S.7.1



S.7.2



Security Question Signature – Signed Sample:

Below is a copy of the signed authorization reflecting that is signed via the Security Question.

A.1

Health Information
Authorization

GREAT SOUTHERN LIFE INSURANCE COMPANY

This Authorization complies with the HIPAA Privacy Rule

You agree to provide your personal health information to Americo Financial Life and Annuity Insurance Company and/or Great Southern Life Insurance Company ("the Companies") and its agents, and to allow the Companies to access your protected health information from other sources so that it and its affiliates may evaluate your insurability and make a coverage or issuance determination. Information regarding your insurability will be treated as confidential. The Companies are members of MIB, Inc. (MIB). The Companies, or its reinsurers, may make a brief report to MIB, which operates an information exchange on behalf of its members. If you apply to another member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB may supply such company with the information in its file. The Companies or its reinsurers may also release your protected health information to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. It is the Companies' practice to prohibit third parties who lawfully receive nonpublic health information from redisclosing or reusing the disclosed information. You may request to see the information kept in your MIB file. You may also contact MIB and seek correction of any errors in your file.

Your authorization permits any insurance or reinsurance company, health plan, licensed medical physician, health care professional, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, records custodians, other medical or medical related facility, or other health care provider that has provided services, treatment or payment to you or on your behalf, within the past 10 years ("Your Providers"), or any clearing house, consumer reporting agency, or MIB, to disclose your entire medical record and any other protected health information, concerning you to Americo Financial Life and Annuity Insurance Company and/or Great Southern Life Insurance Company or its reinsurers, employees and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and nicotine products, but excludes psychotherapy notes and excludes information related to genetic tests or genetic services (except to pay a claim related to such tests or services).

By your signature below, you acknowledge that any agreements you have made to restrict your protected health information does not apply to this Authorization and you instruct any physician, health care professional, hospital, clinic, medical facility, or other health care provider to release and disclose your entire medial record without restriction.

Your protected health information is to be disclosed under this Authorization so that the Companies may: (1) underwrite your application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; (2) obtain reinsurance; (3) administer claims and determine or fulfill their responsibility for coverage and provision for benefits; (4) administer coverage; (5) conduct other legally permissible activities that relate to any coverage you have applied for with Great Southern Life; and (6) market other of the Companies' insurance products to you.

By your execution of this Authorization, you agree that the Companies' may disclose your protected health information and the details of your medical history used in the underwriting, declination or approval of your application for coverage and may disclose specific information to the sales agent listed on this application.

This Authorization shall remain in force for 24 months following the date of your signature below, and a copy of this Authorization is as valid as the original. This Authorization may be revoked by sending a written request for revocation to Americo Life, Inc. at P.O. Box 410288, Kansas City, MO 64141-0288, Attention: Legal Department; however, a revocation is not effective to the extent that any of Your Providers has relied on this Authorization or to the extent that the Companies have a legal right to contest a claim under an insurance policy or to contest the policy itself. Any information that is disclosed pursuant to this Authorization may be redisclosed and is no longer covered by federal rules governing privacy and confidentially of health information.

Your Providers may not refuse to provide treatment or payment for health care services if you refuse to sign this Authorization. If you refuse to sign this Authorization to release your complete medical record, the Companies may not be able to process your application, or if coverage has been issued may not be able to make any benefit payments.

BARRY BEANS	03/22/1932
Name of Applicant *(please print)*	Applicant's Date of Birth
Signed by Security Question BARRY BEANS 4/14/2022 2:44:35 PM	
Signature of Applicant or Personal Representative	Date

Description of Personal Representative's Authority or Relationship to Applicant *(if applicable)*

Americo Financial Life and
Annuity Insurance Company
300 W. 11th Street
Kansas City, MO 64105

About Americo

For over 100 years, Americo Life, Inc.'s family of insurance companies has been committed to providing the life insurance and annuity products you need to protect your mortgage, family, and future.[1] We listen to what you want from an insurance policy or annuity and do our best to provide a proper solution for your individual situation.

Innovative thinking has helped us build a strong financial foundation for our business. Americo Financial Life and Annuity Insurance Company (Americo) is a member of the Americo Life, Inc. family of companies. Americo Life, Inc., is one of the largest, independent, privately held insurance groups in the United States[2] with $8.8 billion in assets for year-end 2021.[3]

[1]Americo Life, Inc. is a holding company and is not responsible for the financial condition or contractual obligations of its affiliate insurance companies.

[2]"Admitted Assets, Top Life Writers-2021," A.M. Best Co., as of July 2021.

[3]Information is as of year end 2017 on a consolidated basis for Americo Financial Life and Annuity Insurance Company and the other life insurance subsidiaries of Americo Life, Inc., unless otherwise indicated. Information is prepared on the basis of generally accepted accounting principles (GAAP).

Important Information

Americo is the brand name for insurance products issued by the subsidiary insurance companies Americo Financial Life and Annuity Insurance Company (AFL) and Great Southern Life Insurance Company (GSL). Policies are underwritten by AFL and/or GSL, Kansas City, MO, and may vary in accordance with state laws. Some products and benefits may not be available in all states. AFL is authorized to conduct business in the District of Columbia and all states except CT, ME, and NY. GSL is authorized to conduct business in the District of Columbia and all states except NJ, NY, and VT.

Neither Americo Financial Life and Annuity Insurance Company nor any agent representing Americo Financial Life and Annuity Insurance Company is authorized to give legal or tax advice. Please consult a qualified professional regarding the information and concepts contained in this material.

Neither Americo nor its Medicare Supplement insurance policy are connected with or endorsed by the US government or the federal Medicare program.