

PRE-ENROLLMENT CHECKLIST

PREPARE TO ENROLL

Use this checklist to make sure you have all of the necessary information before beginning the enrollment process for the Farm Bureau Health Plan. During the application process, you need to be present and engaged as you will attest to all information entered. Your agent will complete the entire application on your behalf.

PLEASE NOTE: This application is being medically underwritten. Medical underwriting includes a full review of current and past medical conditions and treatment. Failure to fully disclose medical conditions or treatments (including all prescription drugs) at the time of application may result in a change in rates or a full rescission of the coverage by Farm Bureau Health Plan if it is discovered after you are enrolled.

You will need to report medical history for all applicants in the meeting with your agent to complete the application.

VERIFY YOUR ELIGIBILITY

- Iowa Farm Bureau membership¹
- Iowa resident
- Not eligible for other coverage such as Medicare or Medicaid. Applicants eligible for group coverage must not be enrolled in group coverage on the requested FBHP effective date.
- 18 years or older if applying for a single plan – no child-only policies are allowed. Applicants under the age of 18 must be dependents of a policyholder.

GATHER RECORDS

- Gather medical records for each applicant
- Gather prescriptions, injections and over the counter drug use for each applicant
- Gather power of attorney, legal guardianship, common law affidavit or court ordered coverage documents for any applicant, if applicable
- Compile unique email addresses for all applicants 18 years of age or older (it should be noted that a unique email address is required for all applicants 18 years and older – even if they are dependents).

APPLY FOR COVERAGE

During the application process, your agent will enter each applicant's information on their behalf.

The application will require the following information:

DEMOGRAPHIC INFORMATION

- Date of birth (yours and any dependents)
- Social Security numbers or tax ID number (all applicants). If you do not have a social security number, please provide an ITIN, I94 or ESTA.
- Unique email addresses for applicants 18 years of age or older
- Iowa Farm Bureau Federation membership number
- Requested effective date²
- Previous coverage denial, rate-up, or limitation information, if applicable, for health, disability or life insurance
- Power of attorney, legal guardianship, common law affidavit or court ordered coverage documents for any applicant, if applicable

¹ Become a Farm Bureau member by calling 866-598-3693, or join online at www.iowafarmbureau.com/Member-Benefits. Dues range from \$35-\$55 annually based on county of residence.

² Effective dates are dependent upon final acceptance of plans and rates submitted by applicants. Regardless of entered request, if your final acceptance is received by the 15th of the month, it will be the 1st of the month following. If your final acceptance is received after the 15th of the month, it will be the 1st of the next month following.

DISCLOSURE OF ANY MEDICAL CONDITION

Each application will require disclosure of any conditions for which you have been diagnosed, been treated or recommended treatment. Categories of conditions include the following:

- | | |
|---|--|
| <input type="checkbox"/> Ear, nose or throat | <input type="checkbox"/> Brain or nervous system |
| <input type="checkbox"/> Lung or respiratory | <input type="checkbox"/> Bone or skeletal |
| <input type="checkbox"/> Diabetes/growth/hormonal | <input type="checkbox"/> Autoimmune |
| <input type="checkbox"/> Liver or pancreas | <input type="checkbox"/> Reproductive |
| <input type="checkbox"/> Urinary system | <input type="checkbox"/> Mental |
| <input type="checkbox"/> Digestive or stomach | <input type="checkbox"/> Muscle/tissue |
| <input type="checkbox"/> Blood artery | <input type="checkbox"/> Transplants |
| <input type="checkbox"/> Heart or coronary | <input type="checkbox"/> Drug/alcohol |

If you answer yes to any condition, you will need to provide additional information, such as:

- | | |
|---|---|
| <input type="checkbox"/> Condition beginning date | <input type="checkbox"/> Doctor's name |
| <input type="checkbox"/> Duration | <input type="checkbox"/> Medications for the condition |
| <input type="checkbox"/> Present state of condition | <input type="checkbox"/> Detailed explanation of treatments and tests |
| <input type="checkbox"/> Date of recovery | <input type="checkbox"/> Surgery |

For certain conditions, you will be asked for specific additional detail. For example if you have elevated blood pressure, you will be asked to provide your most recent BP readings. If you have diabetes, you will be asked to provide your most recent blood sugar readings.

SIGNATURES AND ATTESTATIONS

Once you have completed the demographic information and have responded to the health questions for each individual on the application, your agent will need all applicants 18 years of age or older to electronically sign and attest to the following:

- Accuracy of answers to health questions.
- Accuracy of answers to health questions for any dependent minors under the age of 18.
- After receiving the attestation email, review and electronically sign accuracy of application.³ This will expire after 15 days. The application will not be reviewed until it has been signed and returned, possibly impacting your effective date of coverage.

UNDERWRITING REVIEW

Once you submit your final signature via email, the application will be sent for underwriting review. The following process will occur:

- Farm Bureau Health Plan will review your application for eligibility and disclosed health conditions.
- Farm Bureau Health Plan may call you directly with any questions.
- Farm Bureau Health Plan may request medical records. If asked for medical records, respond within the requested timeframe to avoid a delay in the application process.
- Once the decision is made, you and your agent will be notified of underwriting approval or denial.
- Following underwriting approval or denial, meet with your agent to review your options.
- If you are approved, meet with your agent to enroll in your preferred plan.

³If you notice that there is a discrepancy, you will be able to decline and go back into the questions to update information. Return to your agent for them to resubmit on your behalf.

ENROLL IN YOUR PLAN

Following the underwriting approval, agents will assist you in enrolling in the plan. You will select one of three plans, view rates, and enter your banking information for electronic funds transfer (EFT only payment method required).

COMPLETE THE ENROLLMENT

If you elect to accept the plan coverage, complete the following steps when you meet with your agent to finalize the application:

- Bring your banking account and routing numbers.
- When you complete the EFT form, you will electronically sign the completed application.
- Complete these steps with your agent **as soon as possible** as your effective date is determined by the date of plan and rate acceptance (i.e. must be received by the 15th of the month for a 1st of the month effective date.)

WHAT TO EXPECT

Once you have accepted your final plan and rates, you are enrolled in the Farm Bureau Health Plan. Here are important items to expect:

- You will receive an email notification with your effective date and valuable information to get you started with your Farm Bureau Health Plan.
- Your Plan ID card will arrive in the mail.
- You will receive the coverage manual explaining your benefits through your enrollment email.
- Sign up for myWellmark® through [Wellmark.com](https://www.wellmark.com) to view your in-network providers, covered medications, view your claims and billing information and more.
- For benefit or claims information, contact Wellmark. For any other questions about your Farm Bureau Health Plan, contact your agent.
- To contact customer service, call the number on the back of your ID card.