

Part D Agent Certification Confirmation Form



Central Reserve Life Insurance Company
Continental General Insurance Company
Provident American Life & Health Insurance Company

I, _____, hereby certify that I shall adhere to the following marketing practices as part of my obligations under Ceres Sales of Ohio, LLC's Agreement with COVENTRY:

1. I will always present clear, complete and accurate information to potential Coventry Medicare Part D enrollees ("Potential Enrollee").
2. I will not discriminate in marketing and enrollment process based upon Potential Enrollee's risk for costly or prolonged treatment. I will not discriminate against any Potential Enrollee based on any factor related to health status including but not limited to the following:
 - medical condition (including mental illness);
 - claims experience;
 - receipt of health care;
 - medical history;
 - genetic information;
 - evidence of insurability; and
 - disability
3. I will not inappropriately target healthier Potential Enrollees by engaging in activities including but not limited to the following:
 - conducting any medical screening (for example, asking medical questions prior to enrollment);
 - primarily marketing in places where healthy Potential Enrollees are more likely to be present or areas where people with disabilities are less likely to access;
 - providing inducements to Potential Enrollees that would encourage healthier Potential Enrollees to enroll;
 - attempting to give or promise enrollment priority to Potential Enrollees who are newly Medicare eligible;
 - tracking costs incurred by enrollees who were enrolled in different settings which could be used to target healthier enrollees in the future; and
 - conducting re-enrollment campaigns targeting past plan subscribers who had low medical costs.
4. I have completed and understood the Medicare Part D Agent Training ("Part D Training Program") and will comply with all the requirements and responsibilities described in the Part D Training Program.
5. By my signature below, I confirm my review and acceptance of the Part D Commission Schedule provided to me.

Print Name: _____

Date: _____

Signature: _____

Agent Number: _____ for

Agency Name: _____
(if applicable)

- Central Reserve Life Insurance Company
- Continental General Insurance Company
- Provident American Life & Health Insurance Company

Fax this completed form to 1-800-961-7656.