IFG Code of Conduct

Each year, IFG partner agencies must be recertified for Medicare Products and appointed with each carrier authorized by IFG. IFG will provide reasonable advance notice of Medicare Product availability, requirements, and updates to support timely compliance.

All IFG partner agents and agency representatives are expected to uphold the highest standards of conduct. The following principles outline the behaviors and expectations required to maintain compliance, professionalism, and ethical engagement across all sales and service activities. Downline agencies should cover the IFG Code of Conduct annually with all employees.

1. Act with professionalism, integrity, and respect toward consumers and IFG clients at all times.
2. Represent each carrier accurately and comply with all Federal, state, and carrier-specific regulations.
3. Conduct sales presentations based on the merits of the product without disparaging competitors.
4. Comply with Section 1557 of the Affordable Care Act by avoiding discrimination based on race, color, national origin, sex, age, or disability.
5. Do not discriminate based on health status and maintain HIPAA-compliant confidentiality of all personal information.
6. Fully comply with HIPAA regulations and privacy standards.
7. Identify yourself at the start of every appointment or call and disclose the scope and purpose as documented in the Scope of Appointment (SOA).
8. Effective 10/1/2026, agents must ensure that all statements, including superlatives, are not misleading, confusing or materially inaccurate. Any superlative used must be able to be substantiated if requested by IFG, carriers and CMS as per 42 CFR 422.2262(a)(1) and 42 CFR 423.2262(a)(1)(i).
9. Provide clear, accurate, and complete information about all plans and products.
10. Ensure all documentation is accurate and not misleading. Do not alter or misrepresent applications or forms.
11. Do not enroll beneficiaries via outbound calls for MA or PDP products.

12. Submit all applications within 24 hours of completion.
13. Do not accept applications before October 15 during the Pre-AEP period.
14. Offer all eligible beneficiaries an equal opportunity to enroll through their preferred method.
15. Refrain from unsolicited text messages or electronic communications.
16. Confirm that prospects are of sound mind before enrolling. Postpone if concerns arise.
17. Do not sign for beneficiaries or accept incomplete or unauthorized applications.
18. Recommend plan changes only when in the best interest of the member, not based on compensation.
19. Only initiate calls when prior consent has been given or to confirm scheduled appointments.
20. Understand and adhere to CMS marketing regulations.
21. Use only IFG, carrier, and CMS-approved materials/scripts. Submit new materials for prior approval.
22. Do not offer gifts or incentives as enrollment inducements. Follow CMS nominal value limits. Nominal gifts may not exceed $15 Fair Market Value (FMV) per person, per event; and may not exceed $75 FMV per person, per year.
23. Never assist with premium or cost-sharing payments using personal funds.
24. Always check and honor Do Not Call (DNC) and Do Not Mail (DNM) preferences.
25. Do not contact referrals without explicit permission from the referred party.
26. Do not initiate unsolicited contact in person or by phone. Avoid door-to-door and common area solicitations.
27. Email outreach must include an opt-out option. Do not share or purchase contact lists. Protect all PHI.
28. Do not charge additional marketing or enrollment fees beyond plan premiums.
29. All agents, principal agents (producing and non-producing), and agencies maintain all required licenses and certifications for the products and states in which the individual agent and all downline agents and agencies operate.
30. For non-health products, obtain proper licensing and ensure required forms are completed. Do not bundle sales on the same day as MA appointments.
31. Complete certifications like AHIP or NAHU honestly. Do not engage in cheating or proxy testing.
32. Protect all consumer and member information in accordance with applicable laws.
33. Notify IFG of any subcontractors and maintain written agreements. Offshore arrangements are not permitted.
34. Do not offer legal advice or influence healthcare decisions related to Power of Attorney or disenrollments.
35. Respond to complaints promptly and do not contact complainants without prior IFG approval.

Violations of this Code of Conduct may result in disciplinary action, up to and including contract termination and compensation suspension. All breaches must be reported to the IFG SI Team immediately via compliance@teamifg.com.