ASSURANT Health®

Assurant. On your terms.℠

**ARIZONA**

# Short Term Medical

## *Temporary Insurance for Gaps in Health Coverage*

- BETWEEN JOBS
- WAITING FOR EMPLOYER BENEFITS
- TEMPORARY OR SEASONAL EMPLOYEES
- NEWLY INDEPENDENT

**Enrollment Form Enclosed**
***Don't wait — apply today!***

ASSURANT Health®

## Choose the protection of Short Term Major Medical for gaps in health insurance.

Unexpected illnesses and accidents happen every day, and the resulting medical bills can be disastrous.

**Until you enroll in permanent coverage, safeguard your financial future with Short Term Medical (STM) temporary insurance. It provides the peace of mind and health care access you need at a price you can afford.**

You can depend on Short Term Medical. Assurant Health has been in the insurance business since 1892 and we were the first provider of temporary insurance in 1973. We've remained a national leader in STM insurance ever since.

***Access to the health care you need with Short Term Medical:***

- Coverage as soon as the next day.
- You may keep your own doctors.
- Access doctors 24/7/365 — from your phone! TelaDoc® service available for STM insureds.

# During Transitions, You Can't Afford to Go Without Coverage

### BETWEEN JOBS

If you're between jobs, consider Short Term Medical. For about half the cost of COBRA*, Short Term Medical offers next-day coverage.

### WAITING FOR EMPLOYER BENEFITS

New employers often impose a waiting period before you're eligible for health benefits. With Short Term Medical, you stay insured and can choose the length of your plan.

### TEMPORARY OR SEASONAL EMPLOYEES

When your employment schedule is unpredictable, it's hard to maintain health coverage. Short Term Medical offers flexible coverage options to suit your situation.

### NEWLY INDEPENDENT

Young adults and recent graduates may no longer be eligible for health insurance through a student plan or their parents' plan. Short Term Medical insurance is an affordable way to fill the gap until you can secure permanent insurance.

** Short Term Medical insurance is often a lower-cost alternative to COBRA. However, if you purchase Short Term Medical rather than maintaining COBRA coverage, you may give up your rights to coverage for pre-existing conditions or guaranteed health insurance in the future.*

## Short Term — For What You Value

When you design your plan, you'll like the generous benefits—benefits you truly value—Assurant Health Short Term Medical plans contain. ***More details will appear in your welcome packet.***

### PLAN FEATURES

| | |
|---|---|
| Doctor Visits | • Covered for unexpected illness and injury *(subject to deductible and coinsurance)*<br>• You may keep your own doctors<br>• Discounts for using network doctors – on average 20-35% savings |
| Hospital Benefits | • Inpatient and outpatient services covered *(subject to deductible and coinsurance)*<br>• Discounts for using network facilities – on average 20-35% savings |
| Emergency Room Care | Covered *(subject to deductible and coinsurance)* |
| Ambulance | Service to nearest hospital able to treat condition |
| Outpatient Services | Covered *(subject to deductible and coinsurance)* |
| Prescription Drug Benefits | Covered *(subject to deductible and coinsurance)* |
| X-ray and Laboratory | Covered *(subject to deductible and coinsurance)* |
| Transplant Benefits | $100,000 including up to $10,000 in donor expenses |
| Deductible Choices<br>*(The amount you must pay before Assurant Health pays any benefits.)* | • $500, $1,000, or $2,500. Ask your agent about additional deductibles of $250, $3,500, or $5,000.<br>• For plans with deductibles of $500 or more, only one deductible must be satisfied for all covered family members |
| Coinsurance<br>*(Assurant Health's portion/your portion of the first $10,000 in medical bills after you meet your deductible.)* | 80%/20%. Ask your agent about coinsurance for 50%/50% and 100%/0%. |
| Lifetime Maximum<br>*(Maximum amount your plan will pay toward medical bills per covered person.)* | $2 million |

### Know What's Not Covered:

• Treatment of a pre-existing condition, including those not inquired about on the enrollment form • Routine care, examinations, or immunizations • Illness or injury that is self-inflicted or caused while engaged in a felony, under the influence of an illegal substance, driving under the influence, in military service, in a hazardous occupation or activity for which compensation is received, Intercollegiate sports • Vision or dental treatments, foot care, or orthotics • Maternity, genetics, or fertility treatment or testing • Custodial care or private nursing • Cosmetic, experimental, investigational, or not medically necessary treatment • Treatment of mental illness or substance abuse • Expenses incurred outside the United States, its possessions, and Canada

**Premium Refunds — No Questions Asked:** If you aren't completely satisfied with your Short Term Medical plan, you may return the policy and ID cards within 10 days of delivery and receive a premium refund, no questions asked (the one-time application fee is not refundable). After 10 days, premiums are not refundable.

## Follow These Four Easy Steps to Enroll:

### 1 Determine Whom to Cover

For your temporary health insurance needs, you may insure you, your spouse and/or your dependent children. For anyone with a pre-existing condition, our individual medical plans or COBRA may be a better coverage option.

### 2 Verify Eligibility

Each person must be between the age of 30 days and 64 years, 11 months. To be considered dependents, your children must be younger than 18, or 24 if full-time students.

Look at the health questions next to the ? symbol on the enrollment form. You will not be eligible for Short Term Medical coverage if you answer "yes" to any health question.

***Short Term Medical plans provide coverage for unexpected illnesses and injuries***, meaning they do not cover pre-existing conditions. A pre-existing condition is a medical condition due to sickness or injury

- for which you received medical treatment or advice during the 5-year period immediately prior to your Short Term Medical effective date; or
- that produced signs and symptoms within the 5-year period immediately prior to your Short Term Medical effective date. The signs or symptoms either must have allowed one knowledgeable in medicine to diagnose the disorder or would have compelled a reasonable person to seek diagnosis or treatment.

If you have a pre-existing condition, treatment for that condition will be excluded from your Short Term Medical plan.

## 3 Design Your Plan

Your plan design is based on the following choices:

### *Deductible*

A low deductible results in a higher premium, while a higher deductible will lower your premium, but also result in more out-of-pocket expense.

### *Coinsurance*

Coinsurance is the percent of medical expenses Assurant Health and you pay after your deductible is satisfied. You are responsible for your deductible plus a portion of the next $10,000 in covered expenses. After that, we pay 100% of covered charges to the lifetime maximum of $2 million.

### *Length of Coverage*

STM is flexible enough to cover you from one month (30 days) up to six months (180 days). Coverage is also available for up to 12 months (360 days)—ask your agent.

### *Payment Options*

You have two payment options. If you want flexibility, select MONTHLY PAY to pay as you go. If you want to **save 20%, choose the SINGLE PAY option** and make a one-time, up-front payment. Refunds are not available after the 10-day free look with this option. Both options require payment when you enroll, regardless of your effective date. Your welcome packet will provide the specifics on all payment details.

Here's an example of how much you would pay in premium, deductible, and coinsurance if you broke your leg and required $15,000 in medical treatment.

| IF YOU CHOSE | YOU WOULD PAY | ASSURANT HEALTH WOULD PAY |
|---|---|---|
| • $1,000 deductible<br>• 80/20 coinsurance<br>*Nationwide average premium for a 33-year-old is $86.57 per month.* | **$3,000**<br>($1,000 deductible + $2,000 coinsurance [20% of the next $10,000]) | $12,000 |
| • $2,500 deductible<br>• 80/20 coinsurance<br>*Nationwide average premium for a 33-year-old is $67.33 per month.* | **$4,500**<br>($2,500 deductible + $2,000 coinsurance [20% of the next $10,000]) | $10,500 |

## 4 Calculate Your Premium and Complete the Enrollment Form

**Rates shown are for one month (30 days) and are subject to change.**

| SINGLE PAY AND MONTHLY PAY RATES* | | | | | | |
|---|---|---|---|---|---|---|
| | DEDUCTIBLE CHOICE (with 80%/20% coinsurance) | | | | | |
| | $500 | | $1,000 | | $2,500 | |
| AGE | SINGLE* | MONTHLY | SINGLE | MONTHLY | SINGLE | MONTHLY |
| 0-14 | 47.85 | 61.25 | 37.50 | 48.00 | 28.50 | 36.48 |
| 15-19 | 62.70 | 80.26 | 46.50 | 59.52 | 37.50 | 48.00 |
| 20-24 | 56.10 | 71.81 | 45.00 | 57.60 | 33.00 | 42.24 |
| 25-29 | 55.77 | 71.39 | 41.40 | 52.99 | 29.10 | 37.25 |
| 30-34 | 62.70 | 80.26 | 40.50 | 51.84 | 31.50 | 40.32 |
| 35-39 | 74.58 | 95.46 | 51.00 | 65.28 | 36.00 | 46.08 |
| 40-44 | 82.83 | 106.02 | 60.30 | 77.18 | 43.50 | 55.68 |
| 45-49 | 97.68 | 125.03 | 75.30 | 96.38 | 52.50 | 67.20 |
| 50-54 | 132.66 | 169.80 | 100.80 | 129.02 | 75.30 | 96.38 |
| 55-59 | 180.51 | 231.05 | 132.60 | 169.73 | 97.80 | 125.18 |
| 60-64 | 283.47 | 362.84 | 212.40 | 271.87 | 152.10 | 194.69 |
| DEPENDENT CHILD RATES *(per child)* | | | | | | |
| PER CHILD | 29.70 | 38.02 | 24.00 | 30.72 | 15.00 | 19.20 |

** Choose single payment (full payment at enrollment) and save 20%. Choose monthly payment if you wish to pay as you go.*

| ZIP CODE FACTOR | |
|---|---|
| 850, 852-853 | 1.28 |
| All Other AZ | 1.42 |

| PREMIUM CALCULATION | | |
|---|---|---|
| **1. RATE** A) Policyholder Rate | | |
| B) Spouse Rate | + | |
| C) Multiply dependent child rate by number of children and enter total | + | |
| SUBTOTAL | = | |
| **2. ZIP CODE FACTOR** | x | |
| SUBTOTAL | = | |
| **3. SINGLE-PAY RATE** *(For monthly pay, skip to step 3)* Multiply by number of months you need coverage *(maximum 6 months)* For coverage up to 12 months, see your agent. | x | |
| SUBTOTAL | = | |
| **4. APPLICATION FEE** *(one-time)* | + | $25.00 |
| TOTAL DUE | = | |

**Effective Date of Coverage**
Your coverage will begin at 12:01 a.m. on your approved effective date as long as your enrollment form is complete, meets the requirements for acceptance, and includes the initial premium. Your requested effective date must fall within 45 days of the date you signed the enrollment form.

## Additional Information

- Please be sure that you have answered all questions on the enrollment form, signed where needed, and enclosed your payment.
- If you become injured or ill while your plan is in force, your benefits may be extended at no additional cost for up to 12 months if you are hospitalized. If you have a non-disabling condition, you can receive up to $1,000 in benefits at no additional cost for up to 60 days.
- When your plan expires, you can apply for another plan. The new plan will not provide benefits for any condition or symptom that began during the previous plan.

***You'll get more details soon.*** Your welcome packet will contain your insurance card and coverage details, as well as information on payment details, networks and more!

**For more information, or for help applying for coverage, contact your insurance agent.**

ASSURANT Health®

Assurant Health
P.O. Box 3175
Milwaukee, WI
53201-3175
800-800-5453



www.assuranthealth.com 146.AZ

This brochure provides a brief description of the important features of this plan. State-mandated benefits, if applicable, are incorporated in your policy.

# Short Term Medical Enrollment Form — John Alden Life Insurance Company — ARIZONA

| REQUESTED EFFECTIVE DATE | | | Note: Effective date is assigned by John Alden Life Insurance Company. The effective date is the later of: 1. The day after: a) the date this form is signed; b) the date this form is postmarked for mailing to John Alden Life Insurance Company; or c) the date we receive your enrollment request by electronic transmission in our home office, OR 2. If dates cannot be determined, the day we receive this form by mail. **The agent cannot assign an effective date different than this.** | CERTIFICATE/POLICY NUMBER |
|---|---|---|---|---|
| MONTH | DAY | YEAR | | |
| | | | | |

| APPLICANT'S NAME (Print last, first, middle) | GENDER | BIRTH DATE | SOCIAL SECURITY NUMBER |
|---|---|---|---|
| | | | |

| STREET ADDRESS | CITY, STATE, ZIP CODE |
|---|---|
| | |

| SPOUSE'S NAME (if to be insured) | GENDER | BIRTH DATE | SOCIAL SECURITY NUMBER |
|---|---|---|---|
| | | | |

| CHILDREN'S NAME (if to be insured) | BIRTH DATE | NAME | BIRTH DATE | NAME | BIRTH DATE |
|---|---|---|---|---|---|
| 1. | | 2. | | 3. | |

**Note: The plan cannot be issued if YES is answered to any questions. Under no circumstances can coverage become effective prior to the date this application is signed.**

**Answer the following questions completely and accurately.** **YES** **NO**

1. Have/Are you, your spouse, or any person to be insured: . . . . . ☐ ☐
   - ◆ been denied insurance due to any health reasons that are still present?
   - ◆ over 300 pounds if male, or over 250 pounds if female?
   - ◆ now pregnant, an expectant parent, in the process of adopting a child or undergoing infertility treatment?
2. For any of the following conditions within the last 5 years, have you or any person to be insured received any abnormal test results or medical or surgical treatment, or consulted a health care professional, or taken medication for: . . . . . ☐ ☐
   - ◆ heart disorder including but not limited to heart attack or chest pain?
   - ◆ Emphysema?
   - ◆ Crohn's disease, ulcerative colitis or hepatitis?
   - ◆ AIDS or tested positive for HIV?
   - ◆ stroke?
   - ◆ kidney disorder, excluding kidney stones?
   - ◆ diabetes?
   - ◆ cancer or tumor?
   - ◆ alcoholism, chemical dependency, drug or alcohol abuse?

| DEDUCTIBLE AMOUNT | PAYMENT OPTION AND LENGTH OF COVERAGE | RATE OF PAYMENT | TOTAL |
|---|---|---|---|
| ☐ $ 500 ☐ $ 1,000 ☐ $ 2,500 | ☐ Single Payment - Total number of months needed _____<br>☐ Monthly Payment - Coverage is needed for: up to 6 months (30-180 days) | ☐ 80% | |

The undersigned attests that the information above is true to the best of his/her knowledge. The undersigned realizes that any false, or inaccurate statement or misrepresentation in the enrollment form may result in claim denial or contract rescission. Any person who injures, defrauds, or deceives any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. The undersigned understands that the plan applied for will not pay benefits for any expenses incurred on account of any condition which manifested itself before the effective date. The undersigned also understands that this is not a continuation of any previous medical plan, including any prior Short Term Medical plan. If I am self employed or an employee of an employer with 50 or fewer employees, I warrant premiums for this coverage are not: (1) Paid or reimbursed by my employer or, (2) To the best of my knowledge, treated as tax-deductible by my employer or me as related to an employer benefit plan (Internal Revenue Code sections 106,125,162 or 213).

| PRIMARY PHYSICIAN'S NAME (IF ANY) | PRIMARY PHYSICIAN'S TELEPHONE NUMBER |
|---|---|
| | |

| APPLICANT'S SIGNATURE | TODAY'S DATE |
|---|---|
| | |

| DAY TELEPHONE NUMBER | EVENING TELEPHONE NUMBER |
|---|---|
| | |

FORM JT-1147

**Electronic Policy Option**

I would like to receive my policy and the company's "Notice of Privacy Practice" via the Internet. . . . . ☐ Yes ☐ No

**To receive policy delivery via the Internet, you must provide your email address in the space to the right.** ➡

EMAIL ADDRESS

**Payment Information**

**Step 1: Select a Method of Payment:** ☐ MasterCard ☐ Visa ☐ Check ☐ Automatic charge to checking account **(Only available with the Monthly Payment Option)**

***Please submit first month premium via check along with a separate voided check.***

Important Reminders: The application fee is non-refundable. There will be no refund of premium after the 10-day free look period in the contract.

**Step 2: Authorization**

- ◆ **When selecting the single payment option with MasterCard/Visa:** I authorize Assurant Health to charge my account for the Short Term Medical policy listed above.
- ◆ **When selecting the monthly payment option with MasterCard/Visa or Automatic Charge to a checking account:** I authorize Assurant Health to charge my account each month for the Short Term Medical policy listed above, until the end of the policy or until I request cancellation in writing. I understand I can request the charge be stopped if I notify Assurant Health seven days in advance of the charge occurring.

Card # ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐ Exp. Date: _____ /_____ Authorized Amount $ _____ (Insert Initial Premium Payment Amount)

| ACCOUNT HOLDER'S SIGNATURE | DATE | APP SOURCE |
|---|---|---|
| | | |

| JOHN ALDEN AGENT NAME & ID # | NORTH STAR MARKETING REP NAME | CONFIRMATION CODE (HOME OFFICE USE ONLY) |
|---|---|---|
| | | |