

## **Protection** you need when you're in transition

### Between jobs

- · Security while you're job hunting
- Often lower than the cost of COBRA\*



### Waiting for employer benefits

- Fills the waiting-period gap
- · Next-day coverage available

### Temporary, contract, seasonal employees

- Flexible temporary coverage options
- More plan design choices give you pricing flexibility



### Newly independent-

- When student plans or parent's coverage are no longer options
- Deductible and coinsurance options keep plans affordable
- \* 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.

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

# Always stay **protected**. Choose **Short Term Medical** from Assurant Health 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 to offer temporary insurance in 1973. We've remained a national leader in STM insurance ever since.

With Assurant Health plans, you have access to exceptional features that most other health plans don't offer:

- Coverage as soon as the next day.
- Keep your own doctors.
- Access doctors 24/7/365 from your phone! TelaDoc<sup>TM</sup> Medical Services available for STM insureds.

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

### Short Term Medical – For What You Value

Your Assurant Health plan offers features and benefits you'll truly value.

Covered expenses are subject to your selected deductible and coinsurance unless otherwise noted.

Doctor Visits	<ul> <li>Covered for unexpected illness and injury</li> <li>You may keep your own doctors</li> <li>Discounts for using network doctors — on average 20-35% savings</li> </ul>
TelaDoc™ Medical Services	• Access to doctors 24/7/365 by phone
Hospital Benefits	<ul> <li>Inpatient and outpatient services are covered</li> <li>Discounts for using network facilities — on average 20-35% savings</li> </ul>
Emergency Room Care	Covered
Ambulance	Service to nearest hospital able to treat condition
Outpatient Services	Covered
Prescription Drug Benefits	Covered
X-ray and Laboratory	Covered
Transplant Benefits	\$100,000 including up to \$10,000 in donor expenses
<b>Deductible</b> (The amount you must pay before Assurant Health pays benefits.)	<ul> <li>\$250, \$500, \$1,000, \$2,500, \$3,500 or \$5,000</li> <li>Only one family deductible: For plans with deductibles of \$500 or more, only one deductible needs to be satisfied for all covered family members</li> </ul>
Coinsurance (Assurant Health's portion/your portion of covered charges after you meet your deductible.)	50%/50%, 80%/20% or 100%/0%  After you reach the coinsurance out-of-pocket maximum, Assurant Health pays 100% of additional covered charges, up to the plan lifetime maximum.
Lifetime Maximum (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

### Additional Information

- 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 may be eligible for another plan depending on how long you have been covered by Short Term Medical plans. Short Term Medical is temporary coverage. Plans cannot be renewed like permanent insurance. If you are issued a new Short Term Medical plan, the new plan will not provide benefits for any conditions or symptoms that existed during the previous plan.

Keep in mind that short term plans are not meant to be a substitute for permanent health insurance coverage. An Assurant Health Individual Medical plan may be a better option.

### You'll get more details soon.

Your insurance card and coverage details will be included in your welcome packet. With our flexible options, you can choose to receive your insurance policy and ID card in the mail or by secure e-mail.

### **1,2,3,4** enrollment

### Coverage and eligibility

- Decide whom to cover:
  you, your spouse, and/or your dependent children
- Determine eligibility:
  - Each person must be between the age of 30 days and 64 years, 11 months. To be considered dependents, your child(ren) must be age 18 or younger, or 24 or younger if full-time students.
  - · U.S. and foreign residents are both eligible.
  - Answer the health questions on the enrollment form. You will not be eligible for 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 2-year period immediately prior to your Short Term Medical effective date, regardless of whether the condition was diagnosed or not; or
  - that produced signs or symptoms within the 1-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.

### Design your plan

- 3 Choose your plan details and payment options:
  - Deductible the amount you pay before the plan pays. Choosing a higher deductible lowers your premium but means you pay more out of pocket for medical expenses.
  - Coinsurance the percent of medical expenses we pay and you pay after you pay your deductible. For example, for plans with 80/20 coinsurance and coverage up to six months, you pay your deductible + 20% of the next \$10,000\* in covered charges. After that we pay 100% of covered charges up to the \$2 million lifetime maximum.
  - \* For 12-month policies (181-360 days), you are responsible for your deductible plus a portion of the next \$25,000 in covered expenses.
  - 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).
  - Payment options
  - Monthly payments give you flexibility pay as you go!
  - Single payment is cost saving pay one time and save 20%!

Payment is required at the time of enrollment.

### **Enroll**

4 Now it's time to calculate your premium and complete the enrollment form.

### A few things to remember:

- The \$250, \$500, \$1,000 and the \$3,500 deductible options are only available with the 6 month plan (30-180 days).
- The \$5,000 deductible is only available with the 12 month plan (181-360 days).

### **Premium Refunds**

If you're not completely satisfied with your Short Term Medical plan, simply call and cancel your coverage within 10 days of delivery and receive a full premium refund, no questions asked. The one-time application fee is not refundable. After 10 days, premiums are not refundable.

Chart 1 - Primary Insured/Spouse Daily Rate									
AGE	Deductible								
AGE	\$250	\$500	\$1,000	\$2,500	\$3,500	\$5,000			
0-14	2.21	2.21 1.45		0.95	0.80	0.68			
15-19	2.81	1.90	1.55	1.25	1.10	1.03			
20-24	2.51	1.70	1.50	1.10	0.95	0.88			
25-29	2.66 1.69 2.86 1.90 3.31 2.26		1.38	.38 0.97	0.95	0.78 0.78 1.03			
30-34			1.35	1.05	1.00				
35-39			1.70	1.20	1.10				
40-44	3.81	2.51		1.45	1.25	1.13 1.43			
45-49	4.42	2.96		1.75	1.50				
50-54	6.03 4.02		3.36	2.51	2.16	1.98			
55-59	7.83	5.47	4.42 3.26	3.26	2.81	2.59			
60-64	12.81	8.59	7.08	5.07	4.37	4.10			

Chart 2 - Dependent Child Daily Rate										
AGE	Deductible									
AGE	\$250	\$500	\$1,000	\$2,500	\$3,500	\$5,000				
Per Child	1.40	0.90	0.80	0.50	0.50	0.45				

Chart 3 - Zip Code Factor							
Zip Code							
600-605	1.73						
606, 608	1.66						
All other IL	1.37						

Chart 4 - Deductible and Coinsurance Factor Table									
	Deductible								
	\$250 \$500 \$1,000 \$2,500 \$3,500 \$5,000								
50%	.80	.88	.80	.80	N/A	.80			
80%	1.21	1.18	1.00	1.00	N/A	1.00			
100%	N/A	N/A	1.58	1.22	1.22	N/A			

Premium Calcula	tion Instructions								
Refer to charts on the left when figuring the premium									
Step 1. Choose a payment option - single or monthly	Single Payment	Monthly Payment							
Step 2. List each applicant's daily rate. Rate chart is set up by age and deductible*. a) Primary insured rate	+	+							
(see Chart 1)  SUBTOTAL =									
Step 3. List the per child rate (Chart 2). Enter the number of dependent Child(ren). Multiply the rate by the number of children.	x	x							
SUBTOTAL =									
Step 4. Add the subtotal from Step 2 & 3.									
Step 5. Monthly factor. Multiply by the subtotal in Step 4.	x 1.00	x 1.28							
SUBTOTAL =									
Step 6. Enter Zip Code Factor (Chart 3). Multiply by subtotal in Step 5.	x	x							
SUBTOTAL =									
Step 7. Plan Type - 6 month plan (30-180 days) enter 1.00 12 month plan (181-360 days) enter 1.30. Multiply by the subtotal in Step 6. SUBTOTAL =	x	x							
Step 8. Enter the number of days of coverage.  Multiply the number of days by the subtotal in Step 7.  SUBTOTAL =	X Minimum 30 Maximum 360	x 30							
Step 9. Coinsurance Enter the Coinsurance Factor (Chart 4) Multiply by the subtotal in step 8. The 100% is available with the 6 month plan for policies 30-180 days.  SUBTOTAL =	x	x							
Step 10. Application Fee** (Non refundable) Add fee to subtotal in Step 9.  TOTAL =	+ \$25.00	+ \$25.00							
*Choose one deductible amount per policy ** Application fee is added to first month's premium only	Enter this amount on the enrollment form in the box marked TOTAL								

### **Tips and Additional Information**

Submitting Your Enrollment Form and Payment

Please check that you have:

- answered all questions on the enrollment form
- included necessary signatures
- enclosed your payment

### When Your Coverage Begins

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.

Upon enrollment, you will receive a welcome kit containing your insurance card and coverage details.

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

**OR** if you would like to submit your enrollment form directly to Assurant Health you can mail it to:

Assurant Health P.O. BOX 3175 Milwaukee WI 53201-3175 800.800.5453

OR Fax your enrollment form to: 414.299.1137

#### **About Assurant Health**

Assurant Health has been in business since 1892 and is the brand name for products underwritten and issued by Time Insurance Company, John Alden Life Insurance Company and Union Security Insurance Company. The Assurant Health Web site is AssurantHealth.com.

Short Term	Medical En	rollment For	m			John Alde	n Life I	nsurance	Compa	ny	IL	LINOIS
REQUESTED EFFECTIVE DATE  Note: Effective date is assigned by John Alden Life Insurance Company.											FICATE/POLICY NU	MBER
MONTH	MONTH DAY YEAR 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.											
APPLICANT'S NAME (Print last, first, middle)							GENDER	BIRTH		SOCIAL SECURITY NUMBER	₹	
STREET ADDRESS							CITY, STATE,	, ZIP CODE		1		
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		1	BIRTI	H DATE
1. 2. 3.												
					ns. Under no circumstances can	coverage becom	e effective	prior to the	date this a	pplication is signed.		
1. Have/Are yo  ◆ over 300 ¡  ◆ now pregi	oounds if male, or nant, an expectan	any person to be over 250 pounds t parent, in the p	e insured: . if female? process of a	dopting	a child or undergoing infertility ou or any person to be insured r	treatment?					YES □	5 NO   
♦ heart disc					◆ stroke?					nical dependency, drug		_
◆ Crohn's di	na, Chronic Obstruisease, ulcerative ested positive for	colitis or hepatiti	,	OPD)?	<ul> <li>diabetes, except Ge</li> <li>cancer or tumor exc which has been rem</li> </ul>	ept Basal Cell Ski				opmental Disorders, Aut r's Disorder?	tism Spectrum Di	sorder,
	DEDUCTIBLE A	MOUNT			PAYMENT OPTION AND LENG	TH OF COVERAG	E		COINS	URANCE	TOTA	<b>AL</b>
□\$ 250* □\$ 500	)*	2,500 🗆 \$ 3,500**	□\$5,000***	☐ Sir	ngle Payment - Total number of d	ays needed	🗆 100%*			□ 50%		
** Available only	with the 6 month plo with the 6 month plo with the 12 month p	an and 100% Coinsur		☐ Monthly Payment - Coverage is needed for: ☐ up to 6 months (30-180 days) ☐ up to 12 months (181-360 days)			* Available only with the 6 month plan for policies of 30 - 180 days with the \$1,000, \$2,500 and \$3,500 deductibles.					
incomplete, or account of any Short Term Med	misleading informition which lical plan. If I am lest of my knowle	mation is guilty manifested itse self employed o	of a felor lf before t or an emplo	ny of t he effe oyee of	n. Any person who injures, def he third degree. The undersig ective date. The undersigned a an employer with 50 or fewer y my employer or me as relate	gned understands lso understands employees, I wa	s that the that this is rrant prem	plan applies not a conti iums for this	d for will inuation of s coverage	not pay benefits for a any previous medical are not: (1) Paid or re	any expenses in I plan, including Imbursed by my 1,162 or 213).	curred on any prior
APPLICANT'S SIGN	ATURE						TODAY'S DATE					
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FORM JT-1147.IL (R	ev. 2/2009)											
Electronic Poli	cy Option											
					" via the Internet email address in the space to t		No EMAIL	L ADDRESS				
Payment Inform												
Step 1: Select a M	ethod of Payment:	☐ MasterCard ☐	Visa □ Che		utomatic charge to checking or saving							
				<u>v</u>	Vhen submitting via paper applicati	on, please submit f	irst month pr	remium via che	eck along wit	<u>h a separate voided chec</u>	<u>k.</u>	
▼ Enter y	our Credit Card info	mation here ▼		В	Bank Routing Number:		Account	Number:		<del></del>		
Card #			]-			Exp. Date:/	Autho	orized Amount \$		(Insert Initial Premium Pay	ment Amount)	
Important Reminde	rs: The application f	ee is non-refundable	. There will b	oe no ref	und of premium after the 10-day free	look period in the c	ontract.					
	the single payment				Assurant Health to charge my accoun				each month	for the Short Term Medical	policy listed above	, until the
end of the policy	or until I request ca				equest the charge be stopped if I noti	fy Assurant Health se			charge occuri	ing.	- · ·	
ACCOUNT HOLDER	'S SIGNATURE					DATE			JAFAX	Œ		
JOHN ALDEN AGENT	NAME & ID#				NORTH STAR MARKETING REP	NAME			CONFIRMA	TION CODE (HOME OFFICE L	JSE ONLY)	
			Assuran	t Health	is the brand name for products under	written and issued b	y John Alden	Life Insurance	Company.		(Oc	tober 2009)