



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™ 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 style="list-style-type: none"> Covered for unexpected illness and injury You may keep your own doctors Discounts for using network doctors – on average 20-35% savings Access to doctors 24/7/365 by phone
TelaDoc™ Medical Services	
Hospital Benefits	<ul style="list-style-type: none"> Inpatient and outpatient services are covered Discounts for using network facilities – on average 20-35% savings
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
Deductible (The amount you must pay before Assurant Health pays benefits.)	<ul style="list-style-type: none"> \$250, \$500, \$1,000, \$2,500, \$3,500 or \$5,000 Only one family deductible: For plans with deductibles of \$500 or more, only one deductible needs to be satisfied for all covered family members
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

- 1 Decide whom to cover:
you, your spouse, and/or your dependent children
- 2 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					
	\$250	\$500	\$1,000	\$2,500	\$3,500	\$5,000
0-14	2.21	1.45	1.25	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	1.38	0.97	0.95	0.78
30-34	2.86	1.90	1.35	1.05	1.00	0.78
35-39	3.31	2.26	1.70	1.20	1.10	1.03
40-44	3.81	2.51	2.01	1.45	1.25	1.13
45-49	4.42	2.96	2.51	1.75	1.50	1.43
50-54	6.03	4.02	3.36	2.51	2.16	1.98
55-59	7.83	5.47	4.42	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					
	\$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 Calculation 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	_____	_____
b) Spouse 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.	x _____	x _____
SUBTOTAL =	_____	_____
Step 8. Enter the number of days of coverage. Multiply the number of days by the subtotal in Step 7.	x _____ <small>Minimum 30 Maximum 360</small>	x 30
SUBTOTAL =	_____	_____
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.	x _____	x _____
SUBTOTAL =	_____	_____
Step 10. Application Fee** (Non refundable) Add fee to subtotal in Step 9.	+ \$25.00	+ \$25.00
TOTAL =	_____	_____
*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 Enrollment Form **John Alden Life Insurance Company** **ILLINOIS**

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
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STREET ADDRESS	CITY, STATE, ZIP CODE
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SPOUSE'S NAME (if to be insured)	GENDER	BIRTH DATE	SOCIAL SECURITY NUMBER
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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.

1. Have/ Are you, your spouse, or any person to be insured:	YES	NO
◆ over 300 pounds if male, or over 250 pounds if female?	<input type="checkbox"/>	<input type="checkbox"/>
◆ 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:	<input type="checkbox"/>	<input type="checkbox"/>
◆ heart disorder?		
◆ emphysema, Chronic Obstructive Pulmonary Disease (COPD)?		
◆ Crohn's disease, ulcerative colitis or hepatitis B or C?		
◆ AIDS or tested positive for HIV?		
◆ stroke?		
◆ diabetes, except Gestational Diabetes?		
◆ cancer or tumor except Basal Cell Skin Cancer which has been removed?		
◆ alcoholism, chemical dependency, drug or alcohol abuse?		
◆ Pervasive Developmental Disorders, Autism Spectrum Disorder, Autism, Asperger's Disorder?		

DEDUCTIBLE AMOUNT	PAYMENT OPTION AND LENGTH OF COVERAGE	COINSURANCE	TOTAL
<input type="checkbox"/> \$ 250* <input type="checkbox"/> \$ 500* <input type="checkbox"/> \$ 1,000* <input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 3,500** <input type="checkbox"/> \$ 5,000*** <small>* Available only with the 6 month plan. ** Available only with the 6 month plan and 100% Coinsurance. *** Available only with the 12 month plan for policies of 181-360 days.</small>	<input type="checkbox"/> Single Payment - Total number of days needed _____ <input type="checkbox"/> Monthly Payment - Coverage is needed for: <input type="checkbox"/> up to 6 months (30-180 days) <input type="checkbox"/> up to 12 months (181-360 days)	<input type="checkbox"/> 100%* <input type="checkbox"/> 80% <input type="checkbox"/> 50% <small>* Available only with the 6 month plan for policies of 30 - 180 days with the \$1,000, \$2,500 and \$3,500 deductibles.</small>	

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
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APPLICANT'S SIGNATURE	TODAY'S DATE
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DAY TELEPHONE NUMBER	EVENING TELEPHONE NUMBER
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FORM JT-1147.IL (Rev. 2/2009)

Electronic Policy Option

I would like to receive my policy and the company's "Notice of Privacy Practice" via the Internet. <input type="checkbox"/> Yes <input type="checkbox"/> No	EMAIL ADDRESS
To receive policy delivery via the Internet, you <u>must</u> provide your email address in the space to the right. ➡	

Payment Information

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

When submitting via paper application, please submit first month premium via check along with a separate voided check.

▼ Enter your Credit Card information here ▼ Bank Routing Number: _____ Account Number: _____

Card # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Exp. Date: ____ / ____ Authorized Amount \$ _____ (Insert Initial Premium Payment Amount)
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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.

ACCOUNT HOLDER'S SIGNATURE	DATE	APP SOURCE JAFAX
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JOHN ALDEN AGENT NAME & ID #	NORTH STAR MARKETING REP NAME	CONFIRMATION CODE (HOME OFFICE USE ONLY)
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