



ASSURANT
Health®

Assurant. On your terms.®

OHIO

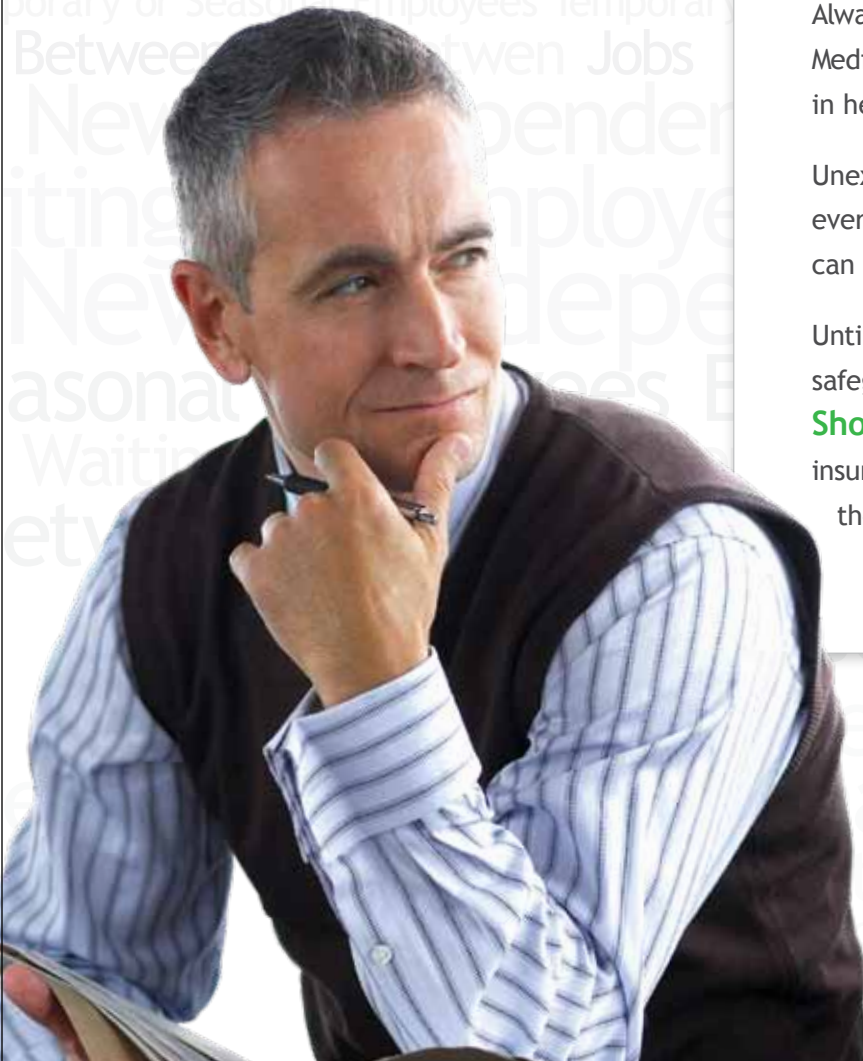
Short Term Medical

Temporary Health Insurance
30-180 Days

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. For up to 180 days, it provides the peace of mind and health care access you need at a price you can afford.



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
- Set your own start and end dates



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.

More solutions to suit your needs

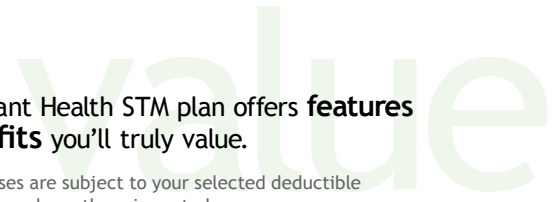
• Ideal companions – STM and HSA

Many Assurant Health Short Term Medical plans with deductibles of \$2,500 and up are compatible with Health Savings Accounts, so you don't have to wait for an individual medical or group plan to build health expense savings the smart way. HSAs are completely portable – an HSA goes with you when you move to any qualified health plan.

• Protection longer than six months

When your needs are longer than 180 days, Assurant Health has you covered. We have a portfolio of individual health plans with broad coverage options. Plans are designed with features that can help you save on your overall health care costs and on your premium. That makes it easier to find a plan with benefits that mean the most to you at a price you can afford.

Ask your Assurant Health sales representative for more information.



Short Term Medical

— For What You Value

plan features (may vary by state)

Doctor Visits
TelaDoc™ Medical Services
Hospital Benefits
Emergency Room Care
Ambulance
Outpatient Services
Prescription Drug Benefits
X-ray and Laboratory
Transplant Benefits
Deductible (The amount you must pay before Assurant Health pays benefits.)
Coinsurance (Assurant Health's portion/your portion of \$10,000 in covered charges after you meet your deductible.)
Lifetime Maximum (Maximum amount your plan will pay toward medical bills per covered person.)

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

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

- Covered for unexpected illness and injury
 - You may choose your own doctors
 - Discounts for using network doctors — on average 20-35% savings¹
 - Access to doctors 24/7/365 by phone²
-
- Inpatient and outpatient services are covered
 - Discounts for using network facilities — on average 20-35% savings¹
-
- Covered
-
- Service to nearest hospital able to treat condition
-
- Covered
-
- Covered
-
- Covered
-
- \$100,000 including up to \$10,000 in donor expenses
-
- \$1,000, \$2,500, \$3,500 or \$5,000³
 - **One family deductible:** Only one deductible needs to be satisfied for all covered family members
-
- 50%/50%, 80%/20% or 100%/0%
- After you pay your deductible and reach the coinsurance out-of-pocket maximum, Assurant Health pays 100% of additional covered charges, up to the plan lifetime maximum.
-
- \$2 million

Know What's Not Covered

Knowing exactly what your health plan does and doesn't cover is important. To give you the best possible experience, we offer this summary of what is not covered. Complete details are included in your insurance contract.

- 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, or while engaged in intercollegiate sports

¹ Not applicable in Rhode Island.

² TelaDoc is not available in Oklahoma.

³ Deductible options may vary by state.

- Vision or dental treatments, foot care or orthotics
- Expenses incurred outside the United States, its possessions and Canada
- 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

Note: Plan limits may vary by state. Please review the back of the Rate Sheet for state-specific information.

Choose with confidence

You can be **confident** when you choose health insurance protection from Assurant Health, a financially strong health insurance leader with a century-long history. We were the first to offer temporary insurance in 1973, and we've remained a national leader in Short Term Medical insurance ever since.

The Assurant Health difference

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
- Choose your own doctors
- Many plans are compatible with Health Savings Accounts
- 24/7/365 access to doctors from your phone through TelaDoc™ Medical Services* — membership is included with your Short Term Medical plan

*TelaDoc is not available in Oklahoma.



Your insurance card

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.

When your coverage begins and ends

You can choose the dates your coverage begins and ends. Your coverage begins at 12:01 a.m. on your approved effective date and ends at 11:59 p.m. on the last day of your benefit period. Please see your insurance contract for complete details and limitations.

Your Short Term Medical plan extends your protection

If you become injured or ill while your plan is in force, and treatment extends beyond your coverage period, your benefits may be extended. See the back of the Rate Sheet for details about this valuable benefit.

1,2,3 enrollment

Determine eligibility

- 1** Decide whom to cover and determine eligibility:
 - In general, persons between the ages of 30 days and 64 years, 11 months, are eligible. Dependents may be eligible up to age 18, or age 24 if full-time students. Age requirements can vary by state. See the back of the Rate Sheet for your state eligibility information.
 - 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. Plans do not cover pre-existing conditions.* See the pre-existing condition definition on the back of the Rate Sheet.

*If you have a pre-existing condition, our Individual Medical plans or COBRA may be a better coverage option. Talk to your agent.

Design your plan

- 2** 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, 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.
 - **Length of coverage** – one month (30 days) up to six months (180 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

- 3** Calculate your premium using the Rate Sheet and complete the enrollment form (forms enclosed).

Note: Before you enroll, please see the back of the Rate Sheet for important state-specific information.

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.



Ohio

Chart 1 - Primary Insured/Spouse Daily Rate

AGE	Deductible			
	\$1,000	\$2,500	\$3,500	\$5,000
0-14	1.25	0.95	0.80	0.68
15-19	1.55	1.25	1.10	1.03
20-24	1.50	1.10	0.95	0.88
25-29	1.38	0.97	0.95	0.78
30-34	1.35	1.05	1.00	0.78
35-39	1.70	1.20	1.10	1.03
40-44	2.01	1.45	1.25	1.13
45-49	2.51	1.75	1.50	1.43
50-54	3.36	2.51	2.16	1.98
55-59	4.42	3.26	2.81	2.59
60-64	7.08	5.07	4.37	4.10

Chart 2 - Dependent Child Daily Rate

AGE	Deductible			
	\$1,000	\$2,500	\$3,500	\$5,000
Per Child	0.80	0.50	0.50	0.45

Chart 3 - Zip Code Factor

Zip Code	
430-432, 450-452	1.54
All Other OH	1.79

Chart 4 - Deductible and Coinsurance Factor Table

	Deductible			
	\$1,000	\$2,500	\$3,500	\$5,000
50%	.80	.80	.80	.80
80%	1.00	1.00	1.00	1.00
100%	N/A	1.22	1.22	1.10

See your agent for more deductible and coinsurance options.

Premium Calculation Instructions

Refer to charts on the left when figuring the premium

	Single Payment	Monthly Payment
Step 1. Choose a payment option - single or monthly		
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. Enter the number of days of coverage. Multiply the number of days by the subtotal in Step 6.	x _____ <small>Minimum 30 Maximum 180</small>	x 30
SUBTOTAL =	_____	_____
Step 8. Coinsurance Enter the Coinsurance Factor (Chart 4) Multiply by the subtotal in step 7.	x _____	x _____
SUBTOTAL =	_____	_____
Step 9. Application Fee** (Non refundable) Add fee to subtotal in Step 8.	+ \$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	

Applying for another STM plan

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, so plans cannot be renewed like permanent insurance. However, when your plan expires, you may apply for another plan if you have not had a total of more than **730 days of short-term coverage** without a **64-day coverage gap**. 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.

Eligibility

To be considered for coverage, 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 student.

Extended protection

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.
- you can receive up to \$1,000 in benefits at no additional cost for up to 60 days if you have a nondisabling condition.

Pre-existing conditions

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, regardless of whether the condition was diagnosed or not; or
- that produced signs or 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.

A pregnancy that exists on the day before your Effective Date will be considered a Pre-Existing Condition.

Premium refunds

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

State requirements

WARNING: IF YOU OR YOUR FAMILY MEMBERS ARE COVERED BY MORE THAN ONE HEALTH CARE PLAN, YOU MAY NOT BE ABLE TO COLLECT BENEFITS FROM BOTH PLANS. EACH PLAN MAY REQUIRE YOU TO FOLLOW ITS RULES OR USE SPECIFIC DOCTORS AND HOSPITALS, AND IT MAY BE IMPOSSIBLE TO COMPLY WITH BOTH PLANS AT THE SAME TIME. BEFORE YOU ENROLL IN THIS PLAN, READ ALL OF THE RULES VERY CAREFULLY AND COMPARE THEM WITH THE RULES OF ANY OTHER PLAN THAT COVERS YOU OR YOUR FAMILY.

Short Term Medical and Health Care Reform

Short-term, limited duration plans are not subject to certain provisions of Federal health care reform, including the provisions related to lifetime limits, dependent coverage, preventive care, and pre-existing conditions. The pre-existing condition exclusion for Short Term Medical plans will apply for all insureds, including those under the age of 19.

Tips and Additional Information

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

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.

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.

Requested Effective Date			Note: Effective date is assigned by Time 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 Time 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 (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: <input type="checkbox"/> <input type="checkbox"/> <ul style="list-style-type: none"> ◆ 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: <input type="checkbox"/> <input type="checkbox"/> <ul style="list-style-type: none"> ◆ heart disorder? ◆ emphysema, Chronic Obstructive Pulmonary Disease (COPD)? ◆ Crohn's disease, ulcerative colitis or hepatitis B or C? ◆ stroke? ◆ diabetes, except Gestational Diabetes? ◆ cancer or tumor except Basal Cell Skin Cancer which has been removed? ◆ alcoholism, chemical dependency, drug or alcohol abuse? 							
3. Within the last 5 years, have you or any person to be insured received any medical or surgical treatment or taken medication for AIDS or tested positive for HIV? <input type="checkbox"/> <input type="checkbox"/>							
Deductible Amount		Payment Option and Length of Coverage		Coinsurance		Total	
<input type="checkbox"/> \$ 1,000* <input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 3,500** <input type="checkbox"/> \$ 5,000 <i>* Available only with 50% or 80% Coinsurance</i> <i>** Available only with 100% Coinsurance</i>		<input type="checkbox"/> Single Payment – Total number of days needed _____ <input type="checkbox"/> Monthly Payment – Coverage is needed for: up to 6 months (30-180 days)		<input type="checkbox"/> 100%* <input type="checkbox"/> 80%** <input type="checkbox"/> 50%** <i>* Not available with the \$1,000 deductible</i> <i>** Not available with the \$3,500 deductible</i>			

The undersigned attests that the information above is true to the best of his/her knowledge. The undersigned realizes that any willfully false, or fraudulently made statement or misrepresentation in the enrollment form may result in claim denial or contract rescission. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. 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 28786.OH (Rev. 10/2008)

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 To receive policy delivery via the Internet, you <u>must</u> provide your email address in the space to the right. ➔	Email Address

Payment Information	
Step 1: Select a Method of Payment: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Check Automatic charge: <input type="checkbox"/> Checking <input type="checkbox"/> Savings account <i>(Only available with the Monthly Payment Option)</i> <u>When submitting via paper application, please submit first month premium via check along with a separate voided check</u>	
Bank Routing Number: _____ Account Number: _____	
▼ Enter your Credit Card information here ▼	
Card # <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> Exp. Date: ____ / ____	
Authorized Amount \$ _____ (Insert Initial Premium Payment Amount)	
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 or savings 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
Agent Name	Agent ID#	Confirmation Code (home office use only)