

# Temporary Health Insurance

No one plans to have an unexpected illness or accident happen to them.

**But let's face it** — the unexpected does happen. That's why going without health insurance, even for a short time, puts you or your family at serious financial risk. Consider this — a basic knee injury could cost up to \$12,000\* of your hard-earned money.

**Don't take the chance!** Short Term Medical from Time Insurance Company provides affordable, health coverage that protects you or your family — *for only dollars a day.*

Short Term Medical is a temporary health insurance plan (30-185 days) designed for people who are between permanent health plans. Whether you are:

- Between jobs,
- Waiting for employer group coverage,
- A recent college graduate,
- A temporary or seasonal employee,
- A dependent falling off your parent's plan,
- A laid-off, striking or terminating employee,

Short Term Medical can provide you with the peace of mind you deserve.

\* Based on 2001 Assurant Health Short Term Medical claims.

## Here's How The Plan Works

You choose the plan that best meets your needs and budget! Simply select from your choice of deductibles, rate of payment options and length of coverage. Since this plan is not an HMO or PPO, you choose your own doctors and hospitals.

- Deductible choices:  
\$250, \$500, \$1000 or \$2500

- Rate of payment options:  
100%, 80/20 to \$5000 or 50/50 to \$5000  
*100% not available with \$250 deductible.*

- Length of coverage options: 30-185 days

Short Term Medical insurance is often a lower cost alternative to COBRA. To preserve your rights to guaranteed health insurance and coverage for pre-existing conditions, you may need to purchase up to 18 months of COBRA. You may forego these rights when you purchase a Short Term Medical plan or choose to go without insurance.

## Benefits are paid as follows:

**FIRST:** You pay the deductible for each covered person.

**THEN:** Once the deductible is satisfied, we pay either 100%, 80% or 50% of the next \$5,000 of covered expenses.

**THEREAFTER:** We pay 100% of remaining covered expenses up to the plan maximum of \$2 million for each covered person.

## Who Is Eligible For This Plan?

- Healthy individuals between the ages of 15 days and age 64 and 11 months, who have a temporary insurance need.
- Dependent children through age 20 (age 24 if full-time student) may be covered as dependents on their parent's plan.
- Foreign residents living in the U.S. for at least one year with proof of an Alien Registration Receipt Card, Green Card, visa, or other appropriate documentation.

## Plan Highlights

- \$2 million coverage maximum per policy period
- Freedom to choose your own doctors and hospitals
- Prescription drug coverage
- Excellent in-hospital and outpatient benefits
- Semi private room and board
- Intensive care
- Lab and x-ray
- Ambulance service
- Managed care/pre-authorization procedure
- Maximum family deductible equal to three times your individual deductible amount
- Extension of Benefits\* — up to 12 months if totally disabled
- Extension of Benefits Plus\* — 60 day/\$1,000 benefit for non-disabling conditions

- No association fees

\* Coverage may be extended beyond your policy period. See your policy for details.

## Plan Exclusions

**This Short Term Medical plan is a temporary plan of insurance and does not cover:** preexisting conditions\*; intentionally self-inflicted injury; free services; services covered by Worker's Compensation or Occupational Disease laws; dental treatment; eyeglasses, contact lenses, hearing aids, eye exams; routine physical exams and immunizations; normal pregnancy or childbirth, routine well child care; sterilization, treatment for infertility, genetic testing or counseling; weight reduction or weight control programs and related surgery, medication to stimulate growth; mental disorders, mental illness or substance abuse except as may be provided by an Amendment Rider; treatment for learning disorders or disabilities; removal of tonsils or adenoids; custodial care; repairs or replacement to prosthetic devices; cosmetic treatment or reconstructive or plastic surgery that is primarily a cosmetic procedure; expenses incurred outside the United States, its possessions, territories or Canada; or experimental investigative treatment. Other exclusions as well as other covered services are listed in detail in the policy or certificate you will receive when you purchase Short Term Medical.

\* Preexisting Condition: An illness or injury, for which the covered person received medical treatment or advice from a physician within the 5-year period (may vary by state) immediately preceding the covered person's effective date; or that produced signs or symptoms within the 5-year period (may vary by state) immediately preceding the covered person's effective date.

## When Does Your Coverage Begin?

**Your effective date of coverage will begin on the later of:** 1) 12:01 a.m. the day after your requested policy date; or 2) 12:01 a.m. the day after the postmark date affixed by the U.S. Post Office\*, provided the following conditions are met:

- Your application and the full premium payment are received by Assurant Health;
- Your answers on the application are complete and meet the requirements for acceptance.

\* If the envelope containing your application is not postmarked by the U.S. Post Office, or if the postmark is not legible, the policy date will be the later of: a) your requested date; or b) two days prior to the date the application is received by mail by Assurant Health.

## Two Convenient Payment Options

Time Insurance Company makes paying for your plan easy by offering two convenient payment options.

**Single Payment Option:** Ideal if you know the exact number of days coverage is needed. The minimum number of days you may apply for is 30 and the maximum is 185.

**Monthly Payment Option:** Ideal if you are unsure how long you need coverage. This “pay as you go” option gives you the flexibility to continue coverage for as long as it’s needed (up to 185 days) or simply stop payments and discontinue the plan once your temporary need ends.

- If you pay your initial 35 day premium by **MasterCard, VISA or automatic charge to checking account**, each additional 30 days of coverage will be automatically charged to your account for up to 185 days. If your temporary need ends prior to this date, simply call 1-800-800-5453 and we will stop the automatic account charge.

*Note: Seven days advance notice is required to ensure future account charges are stopped.*

- If you pay your initial 35 day premium by **check**, Time Insurance Company will send you a sheet of payment coupons shortly after you receive your certificate. Each coupon is for an additional 30 days of coverage.

## Premium Refunds

If you are not 100 percent satisfied with the plan, you may return the certificate and identification cards within 10 days of delivery for a premium refund. No questions asked! After the 10-day free look period, premiums are not refundable.

*Note: The one-time application fee is non-refundable.*

## Authorization

An authorization service is used to ensure that you and your family receive the most appropriate and cost effective care available. The authorization process must be followed in its entirety to receive maximum benefits. This process is explained in detail for you in the contract.

**Benefits for unauthorized services of otherwise covered expenses will be reduced.** No benefits will be paid for a transplant if the procedure was not authorized prior to the beginning of the donor search and selection.

## Purchasing an Additional Short Term Medical Plan

**Time Insurance Company’s Short Term Medical plans are not renewable.**

However, if your temporary need continues beyond your policy period, you may apply for a new plan under the following circumstances:

- No claims were submitted to us while covered under one of our previous Short Term Medical plans, for you or any member of your family who is to be covered
- There has been no significant change in your health

Any previous or current health condition or symptom will be considered a pre-existing medical condition that will not be covered under a new plan. There is no continuous coverage between plans — therefore your new plan will not provide benefits for any condition or symptom which began during a previous plan. In addition, no benefits are available for any period in which you are not covered by a Time Insurance Company Short Term Medical plan.

To obtain an additional plan, you must complete a new enrollment form. If the enrollment form is approved, a new plan will be issued.

## Apply Now!

Applying for Short Term Medical is as easy as 1-2-3!

1. Complete all information, sign and date the application.
2. Calculate the premium for the coverage of your choice. Refer to the Premium Calculation Instructions Section.
3. Detach the application, insert it in the envelope with your payment and mail it to your agent.
4. Checks or Money Orders should be made payable to: **Assurant Health.**

If you have any questions, please contact the agent listed on the brochure or call us at 1-800-800-5453.

Premium Calculation Instructions		
Please refer to rate chart and zip code factor table on next panel.		
<b>Step 1.</b> Choose a payment option - single or monthly.	<b>SINGLE PAYMENT</b>	<b>MONTHLY PAYMENT</b>
<b>Step 2.</b> List each applicant’s rate. Rate chart is set up by age and deductible.*		
a) Applicant rate .....	_____	_____
b) Spouse rate .....	+ _____	+ _____
<b>Subtotal</b>	= _____	= _____
<b>Step 3.</b> List the rate selected for your dependent child(ren) .....	_____	_____
List number of children .....	x _____	x _____
Multiply the rate by the number of children		
<b>Subtotal</b>	= _____	= _____
<b>Step 4.</b> Add the subtotals from Steps 2 & 3 .....	= _____	= _____
<b>Step 5.</b> Enter the number of days of coverage. ....	x _____	x <u>35</u>
	<i>Minimum is 30 days, maximum is 185 days.</i>	<i>Your subsequent monthly payments will be less.†</i>
Multiply the number of days by the subtotal in Step 4.		
<b>Subtotal</b>	= _____	= _____
<b>Step 6.</b> Monthly factor .....	x <u>1.0</u>	x <u>1.3</u>
<b>Subtotal</b>	= _____	= _____
<b>Step 7.</b> Enter Zip Code factor. Table is located on next panel.	x _____	x _____
<b>Subtotal</b>	= _____	= _____
<b>Step 8.</b> Rate of Payment 100% enter 1.25 .....	_____	_____
<i>Not available with \$250 deductible</i>		
80/20 enter 1.00 .....	x _____	x _____
50/50 enter .80 .....	x _____	x _____
<b>Subtotal</b>	= _____	= _____
<b>Step 9.</b> Application fee.....	+ <u>20.00</u>	+ <u>20.00**</u>
<i>(non-refundable)</i>	<i>one time fee only</i>	<i>one time fee only</i>
<b>TOTAL</b>	= _____	= _____
	Enter this amount on the application in the box marked TOTAL	
* Choose one deductible amount per policy		
† To determine future months premium, repeat steps 1 - 8 using 30 days.		
** Application fee added to first month’s premium only.		

Rate Chart				
Age	\$250 Ded.	\$500 Ded.	\$1,000 Ded.	\$2,500 Ded.
	Unisex	Unisex	Unisex	Unisex
0-24	\$ 2.10	\$ 1.40	\$ 1.10	\$ 0.90
25-29	2.40	1.50	1.10	0.90
30-34	2.70	1.80	1.20	1.00
35-39	3.20	2.20	1.50	1.20
40-44	3.60	2.40	1.70	1.40
45-49	4.20	2.80	2.20	1.70
50-54	5.70	3.80	2.90	2.40
55-59	7.40	5.20	3.80	3.10
60-64	10.50	7.00	5.30	4.20
Per Child	\$1.40	\$0.90	\$0.70	\$0.50

Rates are shown daily.

ZIP Code Factor Table			
Find the first three digits of your resident address ZIP code in the State/ZIP column. Locate the multiplication factor in the Factor column. If your specific ZIP code is not shown, use the all others factor. ZIP codes shown together are inclusive. (Example: 773-777 includes 773, 774, 775, 776 and 777.)			
State/ZIP	Factor	State/ZIP	Factor
AK	1.00	ND	1.16
IN		VA	
464	1.68	222, 223	1.60
462-463, 465-466	1.20	All others	1.30
All others	1.10		

Optional riders may be available in your state. For more information, call 1-800-800-5453. If your state is not listed, contact your agent for a separate state specific application.

This plan is unavailable to residents of Hawaii, Massachusetts, New Jersey, New York, and Vermont.

**About This Brochure:** This brochure provides a brief description of the important features of this plan. This is not the insurance contract. The actual plan sets forth in detail the rights and obligations of both you and your insurance company. State mandated benefits, if applicable, are incorporated through a rider attached to your plan.

Assurant Health markets products underwritten by Time Insurance Company.

517/518

## Short Term Medical Application 517/518 Time Insurance Company

REQUESTED PLAN DATE		
MONTH	DAY	YEAR

THE PLAN IS NOT RENEWABLE

Coverage begins day after approved plan date.

INSURED'S NAME (Print Last, First, Middle)		SEX	BIRTHDATE	SOCIAL SECURITY NUMBER	
			/ /	- -	
STREET ADDRESS			CITY, STATE, ZIP CODE		
SPOUSE'S NAME (If to be insured)		SEX	BIRTHDATE	SOCIAL SECURITY NUMBER	
			/ /	- -	
CHILDREN (First Name) (If to be insured)	BIRTHDATE	FIRST NAME	BIRTHDATE	FIRST NAME	BIRTHDATE
1.		3.		5.	
2.		4.		6.	

**Answer the following questions completely and accurately** Yes No

1. Do you or any person to be insured have any hospital, major medical, group health, or medical insurance coverage in force that will not terminate prior to the effective date of this coverage? .....  Yes  No
  - A) Will this plan replace existing coverage? (If Yes, the applicable replacement form must be signed.) .....  Yes  No
  - B) When will existing coverage expire? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
2. Are you, your spouse, or any dependent, now pregnant? .....  Yes  No
3. Have you, or any person to be insured been declined for insurance due to health reasons? .....  Yes  No  
(Not to be completed by residents of VA)
4. Within the last five (5) years, have you, your spouse or any dependent to be covered, ever received any medical or surgical consultation, advice, or treatment including medication for: heart or circulatory system disorder including heart attack or chest pain; stroke; diabetes; cancer or tumor; immune system disorder including acquired immune deficiency syndrome (AIDS); alcoholism or alcohol abuse; drug abuse or chemical dependency? .....  Yes  No

**Note:** The plan cannot take effect prior to the termination date of existing coverage, or cannot be issued if YES is answered on any questions 2-4. Under no circumstances can coverage become effective prior to the date this application is signed.

MONTHLY	SINGLE PAY	DEDUCTIBLE AMOUNT	RATE OF PAYMENT AFTER DEDUCTIBLE	TOTAL
<input type="checkbox"/> 35	<input type="checkbox"/>	<input type="checkbox"/> \$250 <input type="checkbox"/> \$1,000	<input type="checkbox"/> 100% Major Medical Plan (Not available with \$250 deductible)	
Days	30-185 Days	<input type="checkbox"/> \$500 <input type="checkbox"/> \$2,500	<input type="checkbox"/> 80/20 to \$5,000 – Major Medical Plan	
			<input type="checkbox"/> 50/50 to \$5,000 – Limited Benefit Health Plan	

The undersigned applicant and the agent acknowledge (in Virginia, we certify) that the applicant has read, or has had read to him, the completed application. The applicant realizes that any false statement or misrepresentation in the application may result in claim denial or contract rescission. The applicant understands that 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 applicant 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 applicant also understands that this is not a continuation of any previous medical plan, including any prior Short Term Medical plan.

INSURED'S SIGNATURE	CITY	STATE	DATE
( )	( )		
DAY TELEPHONE	EVENING TELEPHONE		

Form 517/518-APP

**Payment Method:**

- Check  VISA / MasterCard
- Automatic charge to checking account (Submit first month premium via check along with a voided check)
- When selecting a single payment with VISA / MasterCard: I authorize Assurant Health to charge my account for the Short Term Medical policy listed above. I understand there will be no refund of premium after the 10-day free look period in the contract. The \$20 application fee is non-refundable.
- When selecting monthly payment with VISA / MasterCard / 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. I understand I can request the charge be stopped if I notify Assurant Health 7 days in advance of the charge occurring. I also understand there will be no refund on premium after the 10-day free look period in the contract. The \$20 application fee is non-refundable.

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Authorized Amount \_\_\_\_\_  
 Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent ID Number: \_\_\_\_\_ App Source: \_\_\_\_\_  
 Products are underwritten by Time Insurance Company.