



ASSURANT  
Health®

Assurant. On your terms.®

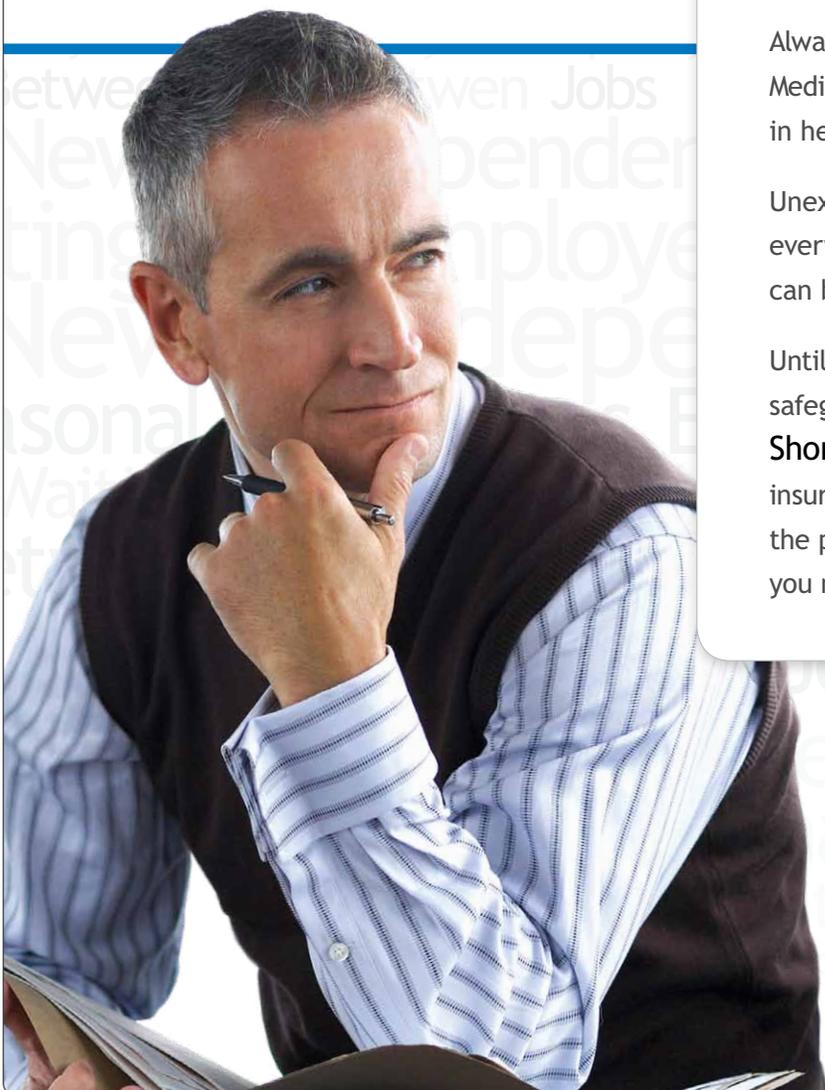
## Short Term Medical

### 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.



### Time Insurance Company

Assurant Health is the brand name for products underwritten and issued by Time Insurance Company. Throughout this brochure, Assurant Health is used to refer to Time Insurance Company.

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# Protection you need when you're in transition

## Between jobs

- Security while you're job hunting
- Affordable and flexible



## 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



## 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 a major 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 major medical 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

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

## Know what's not covered

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

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 doctors in the PHCS network – on average 20-35% savings

- Inpatient and outpatient services are covered
- Discounts for using facilities in the PHCS network – on average 20-35% savings<sup>1</sup>

Covered

Service to nearest hospital able to treat condition

Covered

Covered

- Covered
- Discounts for using Lab Card Select for lab testing – 20-60% savings

\$100,000 including up to \$10,000 in donor expenses

- \$1,000, \$2,500, \$3,500 or \$5,000<sup>2</sup>
- **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

<sup>1</sup> Not applicable in Rhode Island.

<sup>2</sup> 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.

## The Assurant Health difference

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

- Coverage as soon as the next day
- Choose your own doctors and hospitals — and save 20-35% when you use providers in the PHCS network
- Prescription drugs are covered
- Families need to satisfy only one deductible
- Many plans are compatible with Health Savings Accounts



## 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 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 major 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.



## 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.

## Exclusions

**This plan does not cover any of the following:**

- Charges for sickness or injury caused or aggravated by suicide, attempted suicide or self-inflicted sickness or injury, even if you did not intend to cause the harm which resulted from the action which led to the self-inflicted sickness or injury. This exclusion applies whether you were sane or insane at the time of the suicide, attempted suicide or self-inflicted sickness or injury.
- Sickness or injury to the extent that benefits are paid by Medicare or any other government law or program, except Medicaid (Medi-Cal in California); or medical coverage under any automobile or no-fault insurance.
- Sickness or injury eligible for benefits under workers' compensation, employers' liability or similar laws, even when you do not file a claim for benefits.
- Treatment of sickness or injury caused by or contributed to by:
  - a. War or any act of war; or
  - b. Participation in the military service of any country. Any premium paid for a time not covered will be returned pro-rata.
- Charges for dental care, including dental braces and dental appliances, unless a hospital stay is required due to injury from an accidental blow to the mouth causing trauma to sound, natural teeth, the gums or supporting structures of the teeth. A sound, natural tooth has no decay and has never had a filling, root canal therapy or crown. Inpatient hospital care must be the least expensive setting needed to produce a professionally adequate result and the Hospital charges only are Covered Expense. The treatment must be received while the certificate is in force.
- Charges for the following:
  - a. Eyeglasses, contact lenses, eye exams, eye refraction or eye surgery for correction of refraction error; vision therapy; or artificial hearing devices.
  - b. Preventive treatment including, but not limited to, routine physical exams and immunizations, unless otherwise noted as a Covered Expense in this certificate or a rider to this certificate.
  - c. Treatment, services or supplies to address: smoking cessation; snoring or sleep disorders; the treatment or prevention of hair loss; change in skin pigmentation; or cognitive enhancement.
  - d. Weight reduction or weight control programs or treatment; surgery for weight control, obesity or morbid obesity; or any type of gastric bypass surgery.
  - e. Therapy or treatment for learning disorders or disabilities or developmental delays, except as otherwise covered in the Behavioral Therapy Services or Autism Spectrum Disorder Benefit provisions.
  - f. Custodial care; respite care; rest care; or supportive care.
  - g. Private duty nursing services rendered during Hospital confinement; or standby health care practitioners.
  - h. Sales tax or gross receipt tax; provider administrative expenses including, but not limited to, charges for claim filing, contacting utilization review organizations and case management fees.
- Cosmetic treatment or reconstructive or plastic surgery that is primarily a cosmetic procedure, including medical or surgical complications arising therefrom, except as provided in the Benefits section.
- Treatment of mental illness or substance abuse, whether organic or non-organic, chemical or non-chemical, biological or non-biological in origin and irrespective of cause, basis or inducement, unless otherwise noted as a Covered Expense in this certificate or a rider to this certificate.
- Treatment or services rendered by, or supplies purchased from, a member of your immediate family or an employer.
- Treatment or services required due to accidental injury sustained in operating a motor vehicle while the insured's blood alcohol level, as defined by law, exceeds that level permitted by law or otherwise violates legal standards for a person operating a motor vehicle in the state where the injury occurred. This exclusion applies whether or not the injury occurred in connection with an incident involving the operation of a motor vehicle, and whether or not the insured is charged with any violation in connection with the accident.

## Exclusions, cont.

- Treatment or services required due to injury received while engaging in any hazardous occupation or other activity including, but not limited to: participating, instructing, demonstrating, guiding or accompanying others in parachute jumping, hang-gliding, bungee jumping, flight in an aircraft other than a regularly scheduled flight by an airline, racing any motorized or non-motorized vehicle, rock or mountain climbing, parkour and extreme sports. Also excluded are treatment and services required due to injury received while practicing, exercising, undergoing conditioning or physical preparation for any such activity.
- Treatment or services required due to injury received while engaging in any hazardous occupation or other activity for which compensation is received in any form, including sponsorship including, but not limited to: participating, instructing, demonstrating, guiding or accompanying others in skiing, horse riding rodeo activities, professional or semi-professional sports, adult sporting competition at a national or international level and extreme sports. Also excluded are treatment and services required due to injury received while practicing, exercising, undergoing conditioning or physical preparation for any such compensated activity.
- Treatment or services required due to injury sustained while participating in any inter-collegiate sport, contest or competition or while practicing, exercising, undergoing conditioning or physical preparation for any such sport, contest or competition.
- Expense incurred due to sickness or injury of which a contributing cause was the insured's voluntary attempt to commit, participation in or commission of a felony, whether or not charged, or as a consequence of the insured's being under the influence of illegal narcotics or non-prescribed controlled substances.
- Expenses incurred outside of the United States or its possessions or Canada.
- Charges that are: incurred for experimental or investigational treatment, except as otherwise covered in the Cancer Clinical Trial Services provision; in excess of the Reasonable and Customary Amount; not Medically Necessary.
- Transplants, except as covered in the Benefits section.
- Charges for foot conditions including, but not limited to: care of corns; bunions, except capsular or bone surgery; calluses; toenails; and foot supportive devices, including orthotics and corrective shoes, except as otherwise covered in the Diabetic Supplies provision.
- Prophylactic treatment or services. Prophylactic means any surgery or other procedure performed to prevent a disease process from becoming evident in the organ or tissue at a later date.
- Drugs and medicines, except as covered in the Benefits section.
- Charges for reproductive or sexual treatment including, but not limited to: normal pregnancy or childbirth; routine well baby care, including hospital nursery charges at birth; abortion, except as otherwise covered in the Complications of Pregnancy provision in the Benefits section; infertility diagnosis and treatment for males and females including, but not limited to, drugs and medications, artificial insemination, in vitro fertilization and reversal of sterilization; sterilization and drugs or devices used directly or indirectly to promote or prevent conception; genetic testing or counseling including, but not limited to, amniocentesis and chorionic villi testing; and treatment of sexual dysfunction or inadequacy.

Your effective date, premium due date(s) and benefit period appear in your benefit summary. Coverage begins at 12:01 a.m. (standard time at your residence) on your effective date. Coverage ends at 11:59 p.m. on the last day of your benefit period or the earliest of:

1. The date you become eligible for Medicare; or
2. The date there is fraud or material misrepresentation made by or with the knowledge of anyone applying for this coverage; or
3. The date you, or anyone acting on your behalf, knowingly files a fraudulent claim.

If benefits are paid by Assurant Health as a result of fraud or misrepresentation, we will be entitled to a refund from you or the provider.

# Arizona

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	1.41	1.10	1.05	0.81
35-39	1.78	1.26	1.15	1.08
40-44	2.11	1.52	1.31	1.18
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	0.96	0.60	0.60	0.54

Chart 3 - Zip Code Factor	
Zip Code	
850-853	2.37
All Other AZ	2.62

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%	-	1.22	1.22	1.10

Premium Calculation Instructions		
<i>Refer to charts on the left when figuring the premium</i>		
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)		
<b>SUBTOTAL =</b>	_____	_____
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 _____
<b>SUBTOTAL =</b>	_____	_____
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
<b>SUBTOTAL =</b>	_____	_____
Step 6. Zip Code Factor (Chart 3). Multiply by subtotal in Step 5.	x _____	x _____
<b>SUBTOTAL =</b>	_____	_____
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
<b>SUBTOTAL =</b>	_____	_____
Step 8. Coinsurance Enter the Coinsurance Factor (Chart 4) Multiply by the subtotal in step 7.	x _____	x _____
<b>SUBTOTAL =</b>	_____	_____
Step 9. Application Fee** Add fee to subtotal in Step 8.	+ \$25.00	+ \$25.00
<b>TOTAL =</b>	_____	_____
*Choose one deductible amount per policy ** Application fee is added to first month's premium only	<b>Enter this amount on the enrollment form in the box marked TOTAL</b>	

### About Assurant Health

Assurant Health is the brand name for products underwritten and issued by Time Insurance Company (est. 1892), John Alden Life Insurance Company (est. 1961) and Union Security Insurance Company (est. 1910) ("Assurant Health"). Together, these three underwriting companies provide health insurance coverage for people nationwide. Each underwriting company is financially responsible for its own insurance products. Primary products include individual, small employer group and short-term limited-duration health insurance products, as well as non-insurance products and consumer-choice products such as Health Savings Accounts and Health Reimbursement Arrangements. Assurant Health is headquartered in Milwaukee, Wisconsin, with operations offices in Minnesota, Idaho and Florida, as well as sales offices across the country. The Assurant Health website is [assuranthealth.com](http://assuranthealth.com).

Assurant Health is part of Assurant, a premier provider of specialized insurance products and related services in North America and select worldwide markets. The four key businesses — Assurant Solutions, Assurant Specialty Property, Assurant Health, and Assurant Employee Benefits — partner with clients who are leaders in their industries and build leadership positions in a number of specialty insurance market segments in the U.S. and select worldwide markets. The Assurant business units provide debt protection administration; credit-related insurance; warranties and service contracts; pre-funded funeral insurance; lender-placed homeowners insurance; manufactured housing homeowners insurance; individual health and small employer group health insurance; group dental insurance; group disability insurance; and group life insurance.

## 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 major medical plan may be a better option.

### 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 condition:** a medical condition due to sickness or injury

1. For which the insured received medical treatment or advice from a provider within the 5-year period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or
2. That produced signs or symptoms within the 5-year period immediately preceding the effective date of coverage.

The signs or symptoms must have been significant enough to establish manifestation or onset by one of the following tests:

- a. The signs or symptoms would have allowed one learned in medicine to make a diagnosis of the disorder; or
- b. The signs or symptoms should have caused an ordinarily prudent person to seek diagnosis or treatment.

A pregnancy that exists on the day before your effective date will be considered a pre-existing condition.

In addition:

- We will not pay benefits during your benefit period for charges incurred due to a pre-existing condition
- We will not pay benefits during your benefit period for charges related to or due to a complication of a pre-existing condition
- Benefits are subject to all the terms, limits and conditions in this certificate

### 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. Keep in mind that premium is not refundable *after* the 10-day period for any unused premium. For example, if you select coverage for 60 days and end up requiring only 45 days of coverage, there is no premium refund on the remainder.

### 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

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**

### 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.

<b>Requested Effective Date</b>			<b>Note:</b> 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. <b>The agent cannot assign an effective date different than this.</b>	<b>Certificate/Policy Number</b>
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 (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 questions 1 - 3. 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: .....

- ◆ 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? ◆ stroke?
- ◆ emphysema, Chronic Obstructive Pulmonary Disease (COPD)? ◆ diabetes, except Gestational Diabetes?
- ◆ Crohn's disease, ulcerative colitis or hepatitis B or C? ◆ cancer or tumor except Basal Cell Skin Cancer which has been removed?
- ◆ alcoholism, chemical dependency, drug or alcohol abuse?

3. In the last 5 years, have you or any person to be insured been diagnosed or treated for AIDS or AIDS-related conditions? .....

4. In the last 5 years, have you or any person to be insured tested positive for the presence of Human Immunodeficiency Virus (HIV) antibodies, antigens, or the virus? .....

Deductible Amount	Payment Option	Coinsurance	Total
<input type="checkbox"/> \$ 1,000* <input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 3,500 <input type="checkbox"/> \$ 5,000  * Available only with 50% or 80% Coinsurance	<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%  * Not available with the \$1,000 deductible	

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	

28786-AZ (Rev. 6/2012)

New 6/2012

<b>Electronic Policy Option</b>	
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

<b>Payment Information</b>	
<b>Step 1: Select a Method of Payment:</b> <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"/> - <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)	
<b>Important Reminders:</b> The application fee is non-refundable. There will be no refund of premium after the 10-day free look period in the contract.	
<b>Step 2: Authorization</b> ♦ 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)