

Allied Temporary / Short Term Medical Coverage Notes

Christopher C. Dee, CLU
Your Go-To-Guy for Health Insurance

Reasons to Choose Short Term Plans

- **You have no pre-existing conditions that require coverage.**
- **No network limitations. This means a lot more this year!**
- Bridge until PPACA-Obamacare open enrollment.
- Waiting for Medicare - COBRA alternative - new graduates - short term unemployed - waiting for new permanent coverage.
- Low Cost - no rate ups for smoker, weight or medical history.
- Few medical questions, i.e. heart, cancer, diabetes.

Selected Points/Features - see policy for complete list and full details.

- Major medical **\$250,000** of coverage
- \$500 through \$10,000 deductibles
- Coinsurance 80/20% of \$10,000 = \$2,000 out of pocket in-network.
- **Rx - discount Card only**
- EBC discount plan, Rx -CVS, Dental, Vision and Hearing benefits.
- Optional Accident no deductible - \$500
- Coverage effective as early as midnight
- Coverage available 30-364 days
- Premium either Monthly or non-refundable Prepay (saving about 25%)
- Rate increases about 25% for plans longer than 6 months
- **Not a PPACA qualified plan** (Min \$695/adult or max 2.5% income penalty 2016 may apply.)
- NO Copays - all eligible charges apply to deductible.
- **NO Wellness**, Maternity, Mental or Substance Abuse coverage
- Policy **cannot be renewed** but can be re-written 3 times with a new application, policy number and a new pre-existing limit. Application can be rejected based on prior policy's claims.

My quoting and enrollment link bit.ly/1IT0QZa

Rates for each deductible shown separately with and without a \$500 accident benefit.

4 rates shown 1-6 and 2-12 months for both single pre-payment and monthly.

This is not a legal document, see actual policies for specifics.

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1/2016

Short Term MedicalSM **PLUS**



Affordable Short Term
Medical Insurance

Plus

Free Money Savings Programs

***New* 12-Month Coverage Option**

Multistate Application

Underwritten by
American Alternative
Insurance Corporation
Rated "A+" by A.M. Best Company
800-825-7531
www.alliednational.com/sales

Administered by Allied National, Inc.



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Allied Short Term Medical PLUS

Affordable major medical insurance protection that's there when you need it most, PLUS tools to stretch your health care dollar, including the EBC discount card.

Great Benefits At A Great Price!

- \$250,000 Maximum Benefit
- No Provider Restrictions
- FREE: EBC Card for discounts on Rx Drugs, Dental, Vision and Hearing
- New 12-month (364 day) coverage option

What is Allied™ Short Term Medical PLUS?

The Short Term Medical PLUS plan provides health insurance coverage for non-work related sickness and injury for up to 12 months (364 days maximum). Designed for healthy individuals seeking true insurance protection for the unexpected, Short Term Medical PLUS provides you with affordable premiums and benefits that are there when you need them most. With additional benefits to help you stretch your health care dollar, it is the perfect choice if you are:

- Between jobs
- Waiting for coverage after you've started a new job
- A recent college graduate, or no longer covered on your parents' plan
- Unable to qualify for or afford individual coverage or COBRA



Your Benefits:

You Pay:	The Deductible. Your choice of \$500; \$1,000; \$1,500; \$2,500; \$5,000; \$7,500; or \$10,000
Plan Pays:	After the Deductible - 80% for covered expenses. After your \$2,000 out-of-pocket maximum, the plan pays 100% to the lifetime benefit. For deductibles of \$5,000 and higher, the plan pays 100% to the lifetime limit
Lifetime Benefit:	\$250,000 per insured
Accident Protection Option:	100% of the first \$500 of covered expenses due to an accident

Special Member Benefit:

The EBC Card - You receive access to the EBC Card plan to provide you discounts on services not covered by your insurance plan. Keep your EBC card benefits **AFTER** your insurance coverage has ended!

- Rx Drugs - Average savings of 20% through the CVS Caremark network of 59,000 pharmacies
- Dental - Average savings from 20% to 40% from one of the nation's largest provider networks
- Vision - From 10% to 30% average savings. Save 40% to 50% off the national average on Lasik procedures.
- Hearing - Average savings of 35 to 65% on name brand hearing aids and products that protect and improve hearing

Visit <http://allied.ebccard.com> for more information.

Who is eligible?

Anyone under age 65, plus spouses under age 65 and dependent children under age 19 are eligible as long as each person to be insured:

- Is a U.S. citizen (or foreign resident living in the United States with at least two years of U.S. residency);
- Does not have other medical insurance coverage in force; and
- Can answer “No” to all the medical questions on the application.

Dependents age 19 and older must be written under their own separate coverage with their own application.

For Child Only coverage: Coverage is available for dependent children only. To apply, complete Section Two of the application with the parent or guardian information and check the box that says, “I am applying for child-only coverage.” Complete the Yes/No questions (Section Four) on behalf of the child(ren) applying. For rates, use the Per Child rate for each child applying for coverage.

Who is Allied?

Allied National, Inc. is an independent administrator and marketer of fully insured group and individual benefit plans. With a long and stable history dating back to 1951, Allied offers flexible plans and benefit designs from highly rated carriers.

Who is American Alternative Insurance Corporation?

American Alternative Insurance Corporation (AAIC) is the insurer for the Allied Short Term Medical PLUS plan. AAIC is a subsidiary of Munich Re America Corporation and an affiliate of Munich Reinsurance America, Inc. The company is an admitted insurer in all 50 states and the District of Columbia. AAIC is rated “A+” (Superior) by A.M. Best Company.

How do I pay for Allied Short Term Medical PLUS?

Allied Short Term Medical PLUS can be paid for by a single lump payment (at a 25 percent savings) or billed monthly. The initial payment may be made by check or credit card.

Additional payments may be made by check, credit card, or automatic withdrawal from checking account.

The Allied Short Term Medical PLUS prepay option provides a 25 percent discount off the monthly billing rate. To qualify, select a coverage period of one to 12 months and prepay the entire amount when you submit the application. **Please note that any premium paid under the prepay plan discount is non-refundable.**

IMPORTANT NOTE: No employer or business involvement is allowed on Allied Short Term Medical PLUS. Company or business checks will not be accepted. **Payment must be made using a personal check or credit card.**

Apply Online For Immediate Protection

Allied's online application site allows you immediate access for quick benefit information and rates. Apply online for coverage effective dates as early as the next day with rapid Allied underwriting response. Contact your Allied agent for access to your agent's personalized online sales Web page or go directly to ***www.alliednational.com/sales***.

When is coverage effective and for how long?

Coverage is effective for a minimum of one month up to a maximum of 12 months (364 days maximum). You may request a specific effective date (any day of the month) as long as the application and premium are received by Allied before the requested effective date. You can also specify your termination date when applying to coordinate with the start of another insurance plan.



Coverage cannot be effective earlier than the day after the post office postmark on the envelope received by Allied or more than 30 days after the application signature date. Envelopes received with no postmark or with only a business meter stamp can be made effective no earlier than the date of receipt by Allied.

Incomplete applications or incorrect initial payment could delay the effective date. Premium for additional months will be due on the first day of each month. **Note: When immediate effective dates are required, the online application option will allow you to select and receive effective dates as early as the next day.**

Can coverage be rewritten?

Allied Short Term Medical PLUS is a SHORT-TERM plan. It is not renewable and not meant to provide long periods of coverage. However, coverage may be rewritten for new and separate coverage periods, not to exceed three coverage periods, as long as you meet the eligibility criteria described here and in the application.

There is NO CONTINUOUS COVERAGE if the plan is rewritten. This means that a new application must be submitted, a new effective date is given, a new pre-existing condition period begins and a new deductible and out-of-pocket level expense must be met. Any condition which may have occurred under a prior coverage period will be treated as a pre-existing condition under the rewritten coverage. Allied reserves the right to review previously submitted claims and decline coverage on anyone applying for a new coverage period. Rewrites may not be available in all states.

Covered Expenses & Benefit Maximums

Most medical services, including physician care, Inpatient and Outpatient hospital services, laboratory testing and surgical services are covered by Short Term Medical PLUS. The items listed below and on the following pages are specific exclusions, limitations or benefit maximums.

Short-term medical products do not meet the Affordable Care Act's definition of minimal essential coverage and therefore do not fulfill an individual's requirement to maintain coverage.

There are additional limitations and exclusions contained in the policy. You will be issued a detailed Certificate of Insurance which you should review thoroughly. Coverage may be cancelled by the insured and premium refunded if requested within 10 days of receiving the Certificate of Insurance.

Eligible Expense is the maximum allowable charge for the following services. Benefits for some covered expenses may vary according to state law and benefit plan selected.



Lifetime Maximum Benefit per Human Organ or Tissue Transplant: \$250,000.

Human Organ or Tissue Transplant from a Donor: \$10,000

Hospice Care (other than inpatient) Maximum Benefit: \$2,000

Coverage Period Home Health Care Maximum Benefit: 40 Visits

Air Ambulance—transportation per trip: Maximum Benefit: \$750

Durable Medical Equipment Rental Maximum Benefit: \$250 (not to exceed purchase price)

Coverage limit for any dependent effective after the original effective date: \$100,000

Coverage Period Maximum Benefit for Athletic Bodily Injuries for injuries sustained while training, practicing, undergoing conditioning or physically preparing for, or participating in, any school sponsored intercollegiate, interscholastic or other secondary or post-secondary interschool athletic or sports event, contest or competition: Post-Secondary: \$2,500
Secondary: \$10,000

In addition to the above limitations, the Certificate of Insurance contains additional exclusions and limitations that should be reviewed upon receipt. In brief, Allied Short Term Medical PLUS does not cover pre-existing conditions; work-related injuries; pregnancy, except as otherwise noted; injuries due to war, commission of a crime or while intoxicated/taking a controlled substance; cosmetic surgery; elective treatments; treatment of teeth; TMJ; eyesight correction; treatment of obesity; artificial eyes or limbs; preventive services; treatment outside the United States; treatment that is not medically necessary; non-emergency treatment of hernias, tonsils/adenoids or gall bladder; treatment of growth disorders or developmental delay; kidney or end stage renal disease; injuries sustained while participating in certain sporting or recreation activities; treatment of AIDS or ARC; treatment

or diagnosis of allergies and headaches; treatment of Mental, Nervous & Emotional disorders; and certain services related to the treatment of diabetes.

The complete list of Limitations & Exclusions for the Plan can be found at:

www.alliednational.com/shortterm

Extension of Benefits

If a covered Bodily Injury or Sickness commences while the Policy is in force as to the Insured Person, benefits otherwise payable under the Policy for the Bodily Injury or Sickness causing the total disability will also be paid for any Eligible Expenses incurred after the termination of insurance for an Insured Person if, from the date of such termination to the date such expenses are incurred, the Insured Person is Totally Disabled by reason of such Bodily Injury or Sickness.

Such benefits shall be payable only during the continuance of such disability until the earlier of: the date the Total Disability ends; the date when treatment for the Total Disability is no longer required; the date following a time period equal to the Insured Person's Coverage Period, with a minimum of 30 days and not to exceed a maximum of 90 days; the date the Insured Person becomes eligible for any other group insurance plan providing coverage for the same conditions causing the Total Disability; or the date the Coverage Period Maximum Aggregate Benefit amount has been reached.

See Certificate of Insurance for Complete Details, including the definition of bodily injury/accident. This brochure is only a limited description of Allied Short Term Medical PLUS. Exact provisions of the Plan are contained in the Policy issued to the policyholder. In addition, each insured member will receive a Certificate of Insurance which contains a more detailed explanation of the provisions of Allied Short Term Medical PLUS. Some provisions, benefits, exclusions and limitations listed herein may vary depending on your state of residence.

Applying for Coverage - Paper Application

1) Fill out the application completely. Check the boxes for monthly or prepay payment and deductible options. Select an effective date, if desired. For prepay plan only, choose the total number of months (one to 12) or the date you wish coverage to end. For monthly billing, select your maximum desired coverage period of six or 12 months. Agent **MUST** complete the AGENT INFO section of the application. The application **MUST** be signed by the applicant. **Any application not signed will be declined.**

2) **Calculate the monthly premium using the Allied online rating and enrollment website at www.alliednational.com/sales.**

3) For the prepay option, payment by check or credit card for the entire duration of coverage must be submitted. For the monthly bill option, the first month's premium can be paid by check or credit card. For the monthly bill plan, premiums after the first month will be billed to the applicant.

Pre-authorized check or credit card payment plans may be elected by filling out the authorization agreement on the application.

IMPORTANT NOTE: No employer or business involvement is allowed on Allied Short Term Medical PLUS. Company or business checks will not be accepted. Payment must be made using a personal check or credit card.

4) Applications may be mailed or faxed to Allied National. Submit the completed and signed application, total premium due (made payable to Allied National) and a copy of the agent's license to:

Allied National
Underwriting Department
P. O. Box 29187
Shawnee Mission, KS 66201-9187

**For enrollment
assistance - contact
Allied Client
Services at:
800-825-7531**



800-825-7531

www.alliednational.com/sales

When mailing use postage stamp only -No postage meter

1	A. Requested Effective Date ____/____/____ You may request a specific effective date (may be any day of the month) as long as the application and premium are received by Allied before the requested effective date. See brochure for details on effective dates. This coverage does not renew.	B. PLAN OPTIONS: <input type="checkbox"/> Monthly Billing Maximum Coverage Period: <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> Prepay Plan – Number of Months (1 to 12) ____ Optional Termination Date ____/____/____ Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000 \$500 Supplemental Accident Option: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I am applying for Child Only coverage – see brochure for application instructions				
	APPLICANT'S NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) _____ SOCIAL SECURITY NUMBER _____					
2	RESIDENCE ADDRESS _____					
	CITY _____	STATE _____ ZIP _____ DAYTIME TELEPHONE (Include Area Code) _____				
	BILLING NAME/ADDRESS (IF DIFFERENT THAN ABOVE) PLEASE INCLUDE FULL MAILING ADDRESS AND PHONE NUMBER _____					
	APPLICANT'S DATE OF BIRTH _____	AGE _____ GENDER _____ Applicant – Must be over age 17 and under age 65 (unless applying for child only coverage) Spouse – Must be under age 65 Dependent Children – Must be under age 19				
3	Complete this section to insure your spouse and/or children					
		FULL NAME (First Name, Middle Initial, Last Name)	DATE OF BIRTH	AGE	GENDER	SOC. SEC. NUMBER
	Spouse					
	Child #1					
	Child #2					
	Child #3					
4	Please answer the following questions completely and accurately (any "YES" answer means coverage cannot be issued):					
	A. Are you or any Dependent to be insured currently pregnant or receiving infertility treatments, or if insuring dependents, are you an expectant father or in the process of adoption or in the process of surrogate pregnancy? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	B. Within the last five (5) years, have you or any Dependent to be insured been hospital confined for any reason (other than bodily injury) for four (4) consecutive days or longer? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	C. Are you or any Dependent to be insured overweight AND been diagnosed with high blood pressure (whether or not treated or controlled)? Overweight is any male over 300 pounds or female over 250 pounds. <input type="checkbox"/> YES <input type="checkbox"/> NO					
	D. Are you or any Dependent to be insured overweight AND been diagnosed with elevated cholesterol (whether or not treated or controlled)? Overweight is any male over 300 pounds or female over 250 pounds. <input type="checkbox"/> YES <input type="checkbox"/> NO					
	E. Within the last five (5) years, have you or any Dependent to be insured, seen or been treated by any medical professional, or been recommended to see a medical professional, or received diagnostic testing, or received medication, or received abnormal test results for, or been diagnosed with, any of the following conditions? • Alcohol Abuse, Alcoholism, Chemical Dependency or Substance Abuse; • Cancer or Tumor (excluding basal cell); • Chronic Obstructive Pulmonary Disease, Cystic Fibrosis, Emphysema, Pulmonary Embolism or Tuberculosis; • Diabetes; • Organ or Tissue Transplant; • Blood disorder – including but not limited to hemophilia or leukemia; • Heart disorder – including but not limited to chest pain, heart failure, rhythm disturbances or heart attack; • Circulatory system disorder – including but not limited to stroke or deep vein thrombosis/phlebitis (does not include high blood pressure); • Immune disorders – including but not limited to Lupus, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC); • Kidney or Liver disorder – including but not limited to Hepatitis, Polycystic Kidney Disease or Renal Failure; • Nervous System disorder – including but not limited to Muscular Dystrophy; or • Mental/Nervous disorder requiring hospitalization <input type="checkbox"/> YES <input type="checkbox"/> NO					
	F. Within the last twelve (12) months, have you or any Dependent to be insured been advised by any medical professional to have any medical treatment, diagnostic testing or surgery that has not been completed? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	G. If <u>all</u> persons to be insured are United States citizens, please answer "No" to this question. If any person to be insured is <u>not</u> a United States citizen, has that person resided outside the United States at any time over the last 24 months? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	I understand or acknowledge the following: (a) Any incomplete, misleading, deceptive or false information or statement, or other concealment, misstatement, misrepresentation or omission, material to and in this application, may result in rescission of the insurance contract and/or denial of insurance benefits; (b) This is not a continuation of any previous medical plan, including any prior temporary health insurance plan; (c) This insurance will not pay benefits for any Pre-Existing Condition (refer to the plan brochure and certificate of insurance for complete explanation); (d) By applying for this insurance coverage I am enrolling as a member of the settlor of Allied Group Insurance Trust; (e) If the application is declined and coverage is not issued, American Alternative Insurance Corporation's only obligation will be to return any premium paid; and (f) I received and reviewed the plan brochure.					
	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 may be found guilty of insurance fraud in a court of law.					
5	I authorize the disclosure of all nonpublic personal information and individually identifiable protected health information for me (and my dependent(s), if requesting dependent coverage), including but not limited to employment status, other insurance coverage, diagnosis, prognosis, medical treatment or care and physical or mental conditions (including alcohol or drug dependency), by any physician, medical practitioner, hospital, other medical related facility, insurance company, employer or benefit plan having such information, to the Insurance Company or its legal representative, agent or vendor, for the purpose of approving enrollment and processing claims. I acknowledge and agree that this authorization shall be valid for two (2) years; that I may revoke it in writing at any time; that I may request a copy of this authorization; that enrollment and the processing of claims are not conditioned on my signing this authorization; that this authorization will be used as its own document, separate from the application; that a photocopy of this authorization shall be as valid as the original; and that I have authority to act as the personal representative of my dependent(s) (if requesting dependent coverage).					
	Applicant's Signature _____		Date _____			
	STM 2006-1.1A Underwritten by American Alternative Insurance Corporation Policy Form #STM 2006-1					

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APPLYING FOR COVERAGE - PAPER APPLICATION

- 1) Fill out the application completely. Check the boxes for monthly or prepay payment and deductible options. Select an effective date (write in ASAP for the earliest date you qualify for), and optional termination date. For prepay plan only, choose the total number of months (1 to 12 months – the 12-month coverage option is limited to 364 days). Select your maximum desired coverage period of six or 12 months. Agent **MUST** complete the AGENT INFO section below. The application **MUST** be signed by the applicant. Any application not signed will be declined.
- 2) Calculate the monthly premium using the Allied online rating and enrollment website at **www.alliednational.com/sales**.
- 3) For the prepay option, payment by check or credit card for the entire duration of coverage must be submitted. For the monthly bill option, the first month's premium can be paid by check or credit card. For the monthly bill plan, premiums after the first month will be billed to the applicant.

Pre-authorized check or credit card payment plans may be elected by filling out the authorization agreement below.

IMPORTANT NOTE: No employer or business involvement is allowed on Allied Short Term Medical PLUS. Company or business checks will not be accepted. Payment must be made using a personal check or credit card.

- 4) Applications may be mailed or faxed to Allied National. Submit the completed and signed application, total premium due (made payable to Allied National) and a copy of the agent's license to:
Allied National
Underwriting Department
P. O. Box 29187
Shawnee Mission, KS 66201-9187

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OPTIONAL AUTHORIZATION AGREEMENT FOR AUTOMATIC MONTHLY PREMIUM PAYMENTS

I authorize Allied National to charge my account as indicated below for my monthly insurance premium and fees. I understand my account will be charged once each month for the total amount shown as due on my monthly premium statement for the limited term of the policy of insurance issued to me. I understand that if a charge to my account is not honored, my insurance coverage could lapse prior to its termination date. I understand that if I wish to cancel my coverage prior to its termination date, I must inform Allied National of such cancellation prior to the end of the grace period corresponding to the date of cancellation. Please charge my monthly premium and fees against the following account.

NAME (as shown on account – please print) _____

☐ CREDIT CARD: ☐ MasterCard ☐ Visa – Account Number _____ Expiration Date _____

☐ CHECKING/NOW ACCOUNT: Please attach a voided check from the account you wish billed for your coverage.

SIGNATURE _____ **DATE** _____

AGENT INFORMATION

SOLICITING AGENT'S SIGNATURE _____ **DATE** _____

Soliciting Agent's Name _____ **Agency** _____ **Allied Agent#** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Tel () _____ **Pay Commissions to:** _____ **SS# or Tax ID#** _____

Fax () _____ **EMAIL** _____

1) Is the soliciting agent a licensed agent in the applicant's state of residence?

☐ Yes – If Yes, please send copy of state license. ☐ No – If No, the agent is not authorized to solicit this coverage and the policy cannot be issued.

2) Is the soliciting agent currently appointed with American Alternative Insurance Corporation:

☐ Direct with American Alternative Insurance Corporation? Or ☐ Through ALLIED or another Administrator? WHO? _____

Appointment fees: Allied National will pay fee for agent appointment.

DISTRIBUTOR/GENERAL AGENT NAME: _____

<http://bit.ly/1IT0QZa> Enrollment link Chris Dee as broker

RATES

To calculate rates for all available plan options, go to Allied's online rating system at:

www.alliednational.com/sales

IMPORTANT NOTICE: Short-term medical products do **not** meet the Affordable Care Act's definition of minimum essential coverage and therefore do **not** fulfill an individual's requirement to maintain coverage.

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