



ASSURANT  
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## Agent's Guide

*Short Term Medical*



# Short Term Medical - Agent Guide

Time Insurance Company

11/2011

This Agent Guide was developed to assist you in selling our Short Term Medical plans. It provides answers to many common questions and directs you to the proper departments within Assurant Health to find answers that may not be in this guide.

This guide provides information about:

- Short Term Medical plans (Form 135/136/137) – available in all states except CT, DE, MA, NJ, NM, NY, VT and WV.

Assurant Health's Short Term Medical plans provide temporary health insurance for those:

- between jobs
- waiting for employer benefits
- temporarily or seasonally employed
- newly independent

Federal Reform Statement:

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

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## Short Term Medical Plans:

**Short Term Medical** is an affordable temporary medical plan that provides broad coverage. Short Term Medical offers prescription drug coverage, a \$2 million lifetime maximum and other flexible options to fit your clients' needs.

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**This guide does not provide complete product information, only limited state-specific information is provided.** Detailed state-specific guidelines can be found in the Short Term Medical mailer brochures and in the state-specific plan contracts. Additional materials can be found on the Health Sales site ([www.assuranthealthsales.com](http://www.assuranthealthsales.com)).

**All of our guidelines are not specifically stated in this guide.** Our practice is to publish only the most common guidelines. If there are specific questions that are not answered here, please contact one of our Customer Service Representatives at 800.800.5453.

This guide is for agent use only and is not to be distributed to consumers.

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## **Licensing/Appointment Requirements**

Each state's rules and regulations dictate the circumstances under which an agent may solicit, and an insurer may accept business. In order to receive commission, an agent must be currently licensed and appointed (either with a resident or non-resident license) in the contract issue state for both paper and Internet sales. Most states also require a company appointment prior to or in conjunction with the solicitation of your first piece of business.

As a licensed agent, you are expected to know the solicitation rules for each state in which you sell. If you have any questions regarding resident or non-resident state requirements, please contact **Agent License and Contract Support at 800.800.1212, ext. 8327** prior to taking your first application.

Assurant Health follows a practice of strict compliance with state rules regarding licensing and appointing agents as it relates to accepting business and paying compensation. Failure to comply with these requirements may result in returned applications and the additional need for re-solicitation.

Assurant Health **only accepts** Short Term Medical applications that are:

- completed by an agent currently licensed in the state in which the policy is issued.
- for a policy form that has been approved by the state in which the applicant is a resident.
- for a product type that the Company has authorized the agent to solicit.
- signed by the applicant on or after the effective date of the agent's license or after the renewal date. License duration rules vary by state. In applicable states, a copy of a renewed license must be on file with our Agent License and Contract Support Department for us to accept business.
- submitted with a new agent appointment in a state that allows this practice. Call Agent License and Contract Support with questions about specific state requirements. In states where allowed, the application and agent appointment should be submitted together and sent to Agent License and Contract Support.
- taken by a licensed agency or corporate employee and signed by a licensed and appointed agent of the corporation.
- not altered or corrected with regard to the signature of the proposed insured and the date signed.

General Agents and Managing General Agents are authorized to recruit and nominate Writing Agents in the states and for the products designated by the Company. They must ensure that every Writing Agent who solicits insurance for Assurant Health: a) is duly licensed by the state in which he/she solicits; b) is properly appointed through the Company; and c) is authorized by the Company to submit applications for each type of product.

Submission of business that does not meet these requirements shall be grounds for termination of the General Agent's Sales Agreement and forfeiture of all rights there under. General Agents and Managing General Agents, whether set up as corporations or sole proprietorships, must obtain the appropriate license and company appointments in all states in which their Writing Agents operate to receive compensation. Agents set up with resident corporate or agency licenses must obtain the non-resident equivalent and may not use a principal's non-resident license and appointment as an alternative, except in states that prohibit non-resident corporations.

Most states no longer require an appointment for General Agents, District Agents/Managers or Managing General Agents that only receive commission overrides and do not directly engage in selling, soliciting or negotiating insurance. In these states Assurant Health will not require an appointment unless you notify us that the business activities of your agency require it to be licensed and appointed. This notification must be signed by the principal agent we show on our records and submitted in writing. Please check with License and Contract Support if you have a question on the rule for a specific state.

## Eligibility Guidelines

### General Guidelines

All Short Term Medical plans are based on the actual age of the applicant as of the policy effective date. Healthy individuals between the ages of 30 days and 64 years, 11 months, who have a temporary insurance need and are eligible for coverage.

### Non-Eligible Persons

The following persons are not eligible for Short Term Medical insurance coverage:

- Persons who will turn 65 or become eligible for Medicare during the benefit period, or children under 30 days old at the time of application.
- Persons who are now pregnant, an expectant parent, in the process of adopting a child or are undergoing infertility treatment. **Note:** If one family member is pregnant, coverage may not be offered to any family member until the pregnancy terminates.
- Males over 300 lbs and females over 250 lbs (varies by state).
- Persons who have been declined for insurance due to health reasons.
- Persons who within the last 5 years, have received any abnormal test results or medical or surgical treatment or consulted with a health care professional, or have taken medication for: heart disorder; stroke; diabetes, except gestational diabetes; cancer or tumor, except basal cell skin cancer which has been removed; alcoholism, chemical dependency, drug or alcohol abuse; emphysema, Chronic Obstruction Pulmonary disease (COPD); Crohn's disease; ulcerative colitis or hepatitis B or C; or AIDS or tested positive for HIV. (Varies by state. Refer to state-specific application).
- Persons engaging in hazardous activities or occupations for pay
- Persons seeking coverage while traveling outside of the United States.

Other non-qualifying criteria may exist. See state-specific application or plan contracts for more information.

### Dependent Coverage

Assurant Health offers single and family plan coverage. A covered dependent can be a lawful spouse or an unmarried dependent child who is either a natural child, a child legally adopted, or a stepchild. Children can be covered as a dependent on a parent's plan through age 18 or age 24 if the dependent child qualifies as a full-time student (can vary by state, see below).

- District of Columbia, Idaho, Indiana, New Hampshire, Oklahoma and Utah provide dependent coverage through age 25 regardless of student status.
- Colorado, Iowa, Maine, Minnesota and Montana provide dependent coverage through age 24, regardless of student status.
- Texas provides dependent coverage through age 24 regardless of student status. Grandchildren of the insured are eligible if the child of the insured is covered by the plan and the parent of the grandchild is under age 25 and the parent of the grandchild is dependent on the insured for federal income tax purposes.
- North Dakota provides dependent coverage through age 21 if unmarried, age 25 if a full-time student.
- South Dakota provides dependent coverage through age 19 if unmarried, age 24 if a full-time student.

- Virginia provides dependent coverage under the age of 19, a dependent and under the age of 25, or a dependent and a full-time student under 25 years of age, without regard to whether the child resides in the same household as the insured; and any class of spouse and dependent children.
- Tennessee provides dependent coverage through age 23 regardless of student status.
- Louisiana offers single coverage only. Family members who are interested in a Short Term Medical policy must each submit a separate application. Family members who submit their applications at the same time are only required to pay for one application fee.

Students are considered a covered dependent until they are no longer a full-time student, graduate, attain age 25, or marry; whichever occurs first (varies by state). A full-time student must be legally listed as the parent's dependent for income tax purposes.

**Note:** A dependent child cannot be added to a policy after it is issued. The only exception is a newborn or newly adopted child (see Newborn and Adopted Children section). In addition, a dependent cannot be listed as a primary insured and as a covered dependent (see Child Only Policies section).

### **Newborn and Adopted Children**

Coverage for newborn and adopted children varies by state. In states where coverage is available, a newborn child can be covered from the moment of birth only if the pregnancy began after the effective date of coverage, a family policy was in place, written notice is provided to Assurant Health within 31 days of birth and any required additional premium is paid.

A newly adopted child can be added as a covered dependent from the moment of adoption or placement for adoption if a family policy was purchased. Written notice must be provided to Assurant Health within 31 days of adoption along with any required additional premium.

### **Child Only Policies**

Short Term Medical policies can be issued on children only (under the age of 19) with the exception of District of Columbia, Colorado and Oklahoma.

Children must be unmarried, in good health, and be a minimum of 30 days old and a maximum of 17 years to be listed on the application. Children age 18 and older (see Dependent Coverage section for age limits) must complete their own, separate application. A parent or guardian must sign the application for all children under age 18. Applicants age 18 or older must sign for themselves.

If coverage is needed for one child, he/she should be rated using the appropriate age bracket from the Primary Insured/Spouse Daily Rate Chart.

If more than one child is to be insured, the oldest child should be listed as the primary insured and rated using the rate provided according to their age located in the premium calculation Rate Chart. Any remaining children should be listed as dependents and rated based on the per child rate from the "Child Rate grid." If a dependent child is age 18 or older, he must apply for his own Short Term Medical policy and answer all medical questions; no other dependent children can be listed on the policy.

**Example 1:** If a family wants to obtain coverage for their children, age 18 and age 16, two separate applications must be completed. For each policy, the dependent would be rated using the appropriate age bracket and premium listed from the rate chart. The 18 year old child would need to sign the application himself. For the 16 year old child, the parent or guardian must sign the application.

**Example 2:** If a family wants to obtain coverage for their children, ages 13, 14 and 16, only one application needs to be completed. The 16 year old child would be listed as the primary insured and rated using the appropriate rate according to their age. The two remaining children would be listed as dependents and rated based on the "Child Rate grid. Since all children are under the age of 18, the parent or guardian must sign the application.

## **Open Enrollment**

The state of CA has open enrollment for applicants 18 and under during their birth month or if they qualify as a late enrollee. A late enrollee is defined as a child without coverage who did not enroll in a health benefits plan during open enrollment because of the following reasons:

- The child lost coverage due to:
  - Termination or change in employment status of the child or the person through whom the child was covered.
  - Cessation of an employer's contribution toward an employee or dependent's coverage.
  - Death of the person through whom the child was covered as a dependent.
  - Legal separation.
  - Divorce.
  - Loss of coverage under the Health Families Program, the Access for Infants and Mothers Program, or the Medi-Cal program.
  - Adoption of the child.
  - The child became a resident of CA during a month that is not the child's birth month.
  - The child is born as a resident of CA and did not enroll in the month of birth. The child is mandated to be covered pursuant to a valid state or federal court order.

An applicant has 63 days from the qualifying event to apply as a late enrollee.

Applicants who qualify under open enrollment or as a late enrollee follow the below effective date guidelines:

- Applications received/postmarked between the 1st and 15th of the month will be effective on the first day of the following month.
- Applications received/postmarked between the 16th and the last day of the month will have be effective on the first day of the second month.

## **Foreign Residents**

Foreign residents, living in the U.S. at the time of enrollment, are eligible for a Short Term Medical plans.

## Hazardous Occupations & Activities

Short Term Medical plans do not provide coverage for injuries received while engaging in any hazardous occupation or activity.

Coverage is not available for injuries due to participating, instructing, demonstrating, guiding or accompanying others in:

- intercollegiate sports (intramural and interscholastic sports are covered)
- 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
- skiing (where you are paid to participate or paid to be an instructor)
- horse-riding (where you are paid to participate or paid to be an instructor)
- professional or semi-professional contact sports of any kind
- parkour

Also excluded are treatment and services required due to injury received while practicing, exercising, undergoing conditioning or physical preparation for any such activity.

## Underwriting

### General Guidelines

Short Term Medical plans are designed to provide insurance to healthy persons who have a temporary need for coverage. It is not intended to be a permanent health plan and is not for people who are already covered by some other form of health coverage. Short Term Medical plans are not guaranteed issue products.

The application requests minimal evidence of insurability. Please ensure that you review the application thoroughly with the prospective insured and that all questions are answered. If you discover that a prospective insured has a pre-existing condition, you should inform them that while they may be eligible for coverage, claims for pre-existing conditions will not be covered.

Refer to the [Non-Eligible Persons](#) section under Eligibility Guidelines for a list that should help you screen your prospects. If you have specific questions, please contact one of our Customer Service Representatives at 800.800.5453.

### Pre-Existing Conditions

Short Term Medical plans do not cover pre-existing conditions. In general, a pre-existing condition is defined as one for which an individual 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 that produced signs or symptoms within the 5-year period immediately preceding the effective date of coverage, which should have caused an ordinarily prudent person to seek diagnosis or treatment.

**Note:** This definition varies by state. See the appropriate state-specific mailer brochure or contract for state-specific definitions.

## Completing the Paper Application

To ensure the timely processing of all policies, it is important that each application is checked for eligibility, accuracy and completeness prior to submission to Assurant Health.

- A policy cannot be issued with partial information or without the appropriate premium.
- Incomplete applications may be returned and/or re-dated by Assurant Health.
- Applications that do not meet eligibility requirements will be returned to the agent or applicant.
- All applications will be subject to the rules for Policy Dating (see [Policy Dating Procedures](#) section). If the application is received more than 30 days after the date signed, a new application will be required.

Please review the important tips below to ensure your business is processed in the most effective and timely manner.

### State-Specific Brochures

All Short Term Medical brochures are state specific and include applications. To order the appropriate brochure for your state, see the chart below.

State	Short Term Medical	State	Short Term Medical	State	Short Term Medical
AK	28411-AK	KY	28411-KY	OK	28411-OK
AL	28411-AL	LA	28411-LA	OR	28411-OR
AR	28411-AR	MD	28411-MD	PA	28411-PA
AZ	28411-AZ	ME	28411-ME	RI	28411-RI
CA	28411-CA	MI	28411-MI	SC	28411-SC
CO	28411-CO	MN	28411-MN	SD	28411-SD
DC	28411-DC	MO	28411-MO	TN	28411-TN
FL	28411-FL	MS	28411-MS	TX	28411-TX
GA	28411-GA	MT	28411-MT	UT	28411-UT
HI	28411-HI	NC	28411-NC	VA	28411-VA
IA	28411-IA	ND	28411-ND	WA	28411-WA
ID	28411-ID	NE	28411-NE	WI	28411-WI
IL	28411-IL	NH	28411-NH	WY	28411-WY
IN	28411-IN	NV	28411-NV		
KS	28411-KS	OH	28411-OH		

All forms can be ordered through our Supply Department. Email your request to [mailsupply@assurant.com](mailto:mailsupply@assurant.com) or fax it to 887-88FORMS (887.883.6767).

### Requested Effective Date

- Review the [Policy Dating Procedures](#) section to ensure that the requested effective date is a valid date.
- The requested effective date cannot be more than 45 days in the future.
- Same day coverage is not available.
- Applications cannot be backdated.

### Person(s) To Be Insured

- Review the [Eligibility Guidelines](#) section to ensure your client(s) meet all eligibility criteria and for information on dependent coverage and child only policies.
  - ◆ Verify that the following information is provided:
    - ◆ Date of birth for all persons to be insured
    - ◆ Social Security Number for the proposed insured and spouse
    - ◆ Complete resident address and telephone number

## Medical Questions

- Verify that **all** medical questions are answered and are answered appropriately as indicated on the application. Questions must be answered by the primary insured or parent/legal guardian if under age 18.
- Verify that all “yes” and “no” boxes are clearly marked.
- In CO, ID and PA, if Short Term Medical coverage will replace any existing health insurance presently in force, a replacement notice (Form 30073 for CO, 29625 for ID and Form 28949 for PA) must be completed and submitted with the application. **Note:** The replacement notice is not required if a client is *losing* coverage.
- In CA, the applicant has the option to select a 'Not Sure' response to the medical question. If a 'Not Sure' response is checked, the applicant will be contacted for additional information.
- **All answers must be completed by the applicant, not an agent.**

## Plan Benefits

- Verify a deductible, payment option and coinsurance have been selected.
- Under payment options, when selecting single payment, verify that the check box is filled in **and** the number of days coverage is needed (e.g. 45 days) is entered on the line provided. A policy termination date should not be entered on this line.

## Premium

- Verify that the premium amount calculated is accurate.
- For Short Term Medical plans, the fastest, most accurate way to calculate rates is on the Web or by using the proposal software. To download proposal software go to [www.assuranthealthsales.com](http://www.assuranthealthsales.com), log in, click on **Download Desktop Software** under **Help Me Sell**.
- You are responsible for collecting the first premium. If no premium is submitted with the application, the application will be put in a “pending” status until premium is received and the effective date will be changed. (See [Policy Dating Procedures](#) section for more information.)
- All checks should be made payable to Assurant Health.

## Applicant Signature for Paper Applications

- Verify that the signature of the **primary insured**, age 18 and older, is provided.
- If the insurance requested is for a minor (under age 18), the signature of a custodial parent or legal guardian is required in lieu of the person to be insured. The parent or legal guardian must have knowledge of the health of the child.
- **For FL, MD, MI, PA, VA and WI paper applications**, verify that the applicant signed twice - once attesting to the accuracy of the information provided on the application and a second time for enrollment in Health Advocates Alliance. A third signature may be required if the client is paying via credit card.
- Verify that a complete telephone number is provided and that the application is dated.

## Payment Information for Paper Applications

- Verify that the insured completed the payment information for the appropriate payment method - single or monthly.
- If paying via credit card, verify that the complete account number and expiration date have been provided and are legible. The expiration date provided must be a future expiration date.
- If Monthly Payment was selected, and the insured is paying via automatic charge to checking or savings account, the first month's premium must be provided via check along with a separate voided check, for a automatic withdrawal from saving be sure the client entered in the correct information.
- Verify that the “Account Holder's Signature” box is completed.

## Agent Information

- Review the [Licensing/Appointment Requirements](#) section.
- Verify that the Writing Agent's name and Writing Agent number are listed.
- In California, the agent is required to sign the agent attestation and indicate if they assisted or did not assist in the application process.

## Outline of Coverage Requirements

Some states have a legal requirement to **provide the state-approved Outline of Coverage to the applicant at the time of application**. State-specific Outlines of Coverage define mandates and other differences in coverage specific to those states.

Refer to the grid below to determine if an Outline of Coverage is required in your state.

State	Form Number	State	Form Number	State	Form Number
AL	26777-AL	KS	26776-KS	NH	26776-NH
AR	26776-AR	KY	26776-KY	NV	26776-NV
AZ	26777-AZ	LA	26776-LA	OK	26776-OK
DC	26776-DC	ME	26776-ME	OR	26776-OR
FL	26777-FL	MI	26777-MI	RI	26777-RI
GA	26777-GA	MN	26776-MN	SC	26777-SC
HI	26776-HI	MS	26776-MS	SD	26776-SD
IA	26776-IA	MO	26776-MO-6	TX	26776-TX
ID	26776-ID	MT	26776-MT	UT	26776-UT
IL	26777-IL	NC	26777-NC	WA	26776-WA
IN	26776-IN	ND	26776-ND	WV	26776-WV

**Note:** Colorado requires that a health plan description (Form 28413) and exclusions form (Form 28415) be provided to all applicants at the time of application. This form is intended to provide an overview of the requested coverage.

Colorado has a Prescreening Questionnaire process (Form 30413).

Maryland requires that the MD Association Disclosure must be presented to the applicant at the time of application.

Texas requires that the TX GAN Notice must be presented to the applicant at the time of application.

All forms can be ordered through our Supply Department.

Email your request to [mailsupply@assurant.com](mailto:mailsupply@assurant.com) or fax it to 887-88FORMS (887.883.6767).

## Optional Riders

The following states offer optional benefits that can be purchased as part of the Short Term Medical plan.

- Rates for these riders can be obtained from the Internet or proposal software.
- Rider premiums are in addition to any Short Term Medical policy premiums.
- **The full premium amount for a rider must be paid at the time of application**, even if the Short Term Medical policy will be paid for in monthly installments.

State	Optional Riders	Description
AR	8132-AR-1	Mental Illness and Developmental Disorders Benefit
	8132-AR-2	Temporomandibular and Craniomandibular Joint Dysfunction Benefit
DC	8204-DC	Mental Illness and Substance Abuse
KS	8112-KS	Maternity Benefits for Birth Mother of Adopted Child
KY	8035-KY	Mental Illness Coverage
ME	8124-ME	Extended Home Health Care Coverage
	8134-ME	Biologically-Based Mental Illness Coverage
MS	8142-MS	Mental Illness Benefit
MO	8158-MO	Breast Cancer Treatment Benefits
	8160-MO	Diabetes Benefits
	8162-MO	Child Health Supervision Services Benefits
	8164-MO	Mental Illness Benefit
	8168-MO	Speech and Hearing Benefits
	8170-MO	Lead Poisoning Screening Benefits
NV	8208-NV	Substance Abuse Benefits
OR	8206-OR	Inpatient Alcoholism Treatment
SC	8148-SC	Mental Illness Benefit
SD	8098-SD	Alcoholism Treatment
TX	8200-TX	Rehabilitative and Habilitative Therapy Benefits for Children
WV	8210-WV	Mental Illness Benefit
	8212-WV	Extended Home Health Care Benefit
	8214-WV	Extended Rehabilitation Services
	8216-WV	Temporomandibular Joint or and Craniomandibular Joint Dysfunction Benefit

All forms can be ordered through our Supply Department. Email your request to [mailsupply@assurant.com](mailto:mailsupply@assurant.com) or fax it to 887-88FORMS (887.883.6767).

## Additional Benefits

### Short Term Medical Plan:

Up to three additional benefits can be purchased: 1) Term Life Insurance, 2) Accident Medical Expense (AME) and 3) a Dental-Vision Discount Plan.

### Accessing Additional Benefits:

Additional benefits are only available in conjunction with a Short Term Medical plan, for the duration of the policy. These benefits may not be sold as stand alone benefits. Once selected, benefits will remain in force for the duration of the Short Term Medical policy. Not all benefits are available in all states.

Rates for the additional benefits can be obtained from the Internet or, for Short Term Medical only rates for additional benefits may be obtained through proposal software.

### Term Life Insurance

Agents must be licensed and appointed to sell Life Insurance to offer this product. Coverage can be obtained for the primary insured (age 18 or older) and a spouse up to age 63 1/2, as long as both are covered on the Short Term Medical policy. Dependent coverage and spouse only coverage is not available.

Benefit options:

- \$25,000 for insured only
- \$25,000 for insured and \$25,000 for spouse

Currently available in all states *except* GA, KS, MN, OH, and TX.

### Accident Medical Expense (AME)

AME provides first dollar coverage in the event of an accident –up to the amount of the Short Term Medical deductible – for treatment of an accidental injury before any copay, deductible or coinsurance is applied.

- Treatment must occur within 90 days of the accident
- If selected, all family members on the policy receive the AME benefit
- Benefits are payable directly to the provider
- Benefit amounts per accident: \$1000, \$2500, \$3500, \$5000 (varies by state)
- Additional benefit options are available on the internet

Currently available in all states where Short Term Medical is sold.

### Dental-Vision Discount Plan

One card can be used for the entire household for the duration of the Short Term Medical plan. There are no limits on the number of times the card can be used. Clients simply present the card to a participating dental or eyewear provider to receive discounts.

The Dental-Vision Discount Plan is a discount program, not an insurance product.

The Dental-Vision Discount Plan is not available in FL, NV and WA

## Policy Dating Procedures (Securing an Effective Date)

### General Guidelines\*

Coverage can be obtained 12:01 a.m. the day of an insured's approved effective date, provided the application received is complete\*\*, meets the requirements for acceptance and the full initial premium is received. The approved effective date is determined by the later of:

- Requested effective date on the application
- Day after the postmark date affixed by the U.S. Post Office or day after the metered date on the envelope
- Day after the application is received at Assurant Health, if legible U.S. postmark or metered date is not available

\* Except for CA Open Enrollment (see Open Enrollment for details)

\*\*Applications that do not meet eligibility requirements will be returned to the insured or agent. Incomplete applications may be returned and/or re-dated by Assurant Health.

## **Dating Proof**

Dating proof can consist of one of the following:

- A U.S. Postal Service postmarked and metered envelope mailing the application to Assurant Health
- The original U.S. Postal Service postmarked or metered envelope your client used to mail you the application
- Other carriers' date stamp mailing the application to us, such as FedEx
- A "secure the date" confirmation fax from Assurant Health

Proof of the requested effective date must be submitted with all Short Term Medical applications. If no proof is received and the applicant's requested effective date is prior to receipt at Assurant Health, a new effective date will be issued that is no earlier than one day after the date we receive the application at Assurant Health.

## **Honoring an Effective Date**

To honor an effective date all of the following conditions must be met:

- The application and full initial payment are provided
- Answers on the application are complete and meet the requirements for acceptance

Back dating is not permitted. Policies cannot be dated more than 45 days in the future.

Below is a grid to help you determine what your options are for securing an effective date for paper applications.

Method Policy was Issued	Method Application was Received by Agent	Requested Effective Date		
		Past	Tomorrow	Future
Home Office Issued Policies	Walk-In Business (completed application brought to the office)  -OR-  Faxed-In Business *	<ul style="list-style-type: none"> <li>A policy cannot be issued with an effective date in the past</li> <li>The earliest effective date will be the day after application is faxed to Assurant Health (see Option A below)</li> </ul>	<ul style="list-style-type: none"> <li>Use the appropriate Faxing Option A below</li> </ul>	<ul style="list-style-type: none"> <li>Mail to Assurant Health or</li> <li>Fax (see Option A below)</li> </ul>
	Mailed-In Business **	<ul style="list-style-type: none"> <li>Past effective dates cannot be issued without proper evidence, which consists of metered or post marked envelope. Mail to Assurant Health</li> </ul>	<ul style="list-style-type: none"> <li>Mail to Assurant Health</li> </ul>	<ul style="list-style-type: none"> <li>Mail to Assurant Health or</li> <li>Fax (see Option A below)</li> </ul>
Agent Online Tools - Issue  To access this tool while in the sales Web site: <ul style="list-style-type: none"> <li>Click on Temporary</li> <li>Click on Issue</li> </ul> To learn more about this tool, go to the <a href="#">Agent Online Tools</a> section.	Walk-In Business: (completed application brought to the office or application completed and issued with client in office)  - OR -  Faxed-In Business*	<ul style="list-style-type: none"> <li>Past effective dates cannot be issued without proper evidence, which consists of metered or postmarked envelope</li> <li>The earliest effective date will be the day after submitted through the Issue tool</li> <li>If the application cannot be entered into the Issue tool the same day, use the appropriate Faxing Option B below</li> </ul>	<ul style="list-style-type: none"> <li>Application information must be entered into the Issue tool the same day</li> <li>The effective date will be based on the Issue tool submission date</li> <li>If the application cannot be entered into the Issue tool the same day, use the appropriate Faxing Option B below</li> </ul>	<ul style="list-style-type: none"> <li>Application information should be entered as soon as possible</li> <li>The future date is secured if submitted through the Issue tool prior to the effective date</li> </ul>
	Mailed-In Business **	<ul style="list-style-type: none"> <li>Application information should be entered as soon as possible</li> <li>Past effective dates cannot be issued without proper evidence, which consists of a metered or post marked envelope</li> </ul>	<ul style="list-style-type: none"> <li>Application information must be entered into the Issue tool the same day</li> <li>The effective date will be based on the Issue tool submission date</li> <li>If the application cannot be entered into the Issue tool the same day, use the appropriate Faxing Option B below</li> </ul>	<ul style="list-style-type: none"> <li>Application information should be keyed as soon as possible</li> <li>The future date is secured if submitted through the Issue tool prior to the effective date</li> </ul>

**Note:** If a client is in the office with you, you can have him/her complete the application online and then submit it to us or you may Quote to Issue with the quoting tool while the client is in your office. In these situations, no hard copy of the application would need to be mailed to Assurant Health.

\* For Faxed-In Business: The date an application is faxed to an agent’s office is not a valid date for securing an effective date.

\*\* For Mailed-In Business: The effective date will be based on the metered or postmarked date on the envelope sent with the application to the agent. If an envelope is not available, the effective date will be determined based on the metered or postmarked date on the envelope used to send the application to Assurant Health.

**Faxing Option A - For Software and Home Office Issue****FAX: 414.299.1137**

1. Fax the original application to 414.299.1137 on the same day received.
2. The application will be processed
3. A faxed notification will be sent with the effective date assigned
4. If the policy is paid by check, attach the check to the faxed confirmation and mail to Assurant Health within 10 business days.

Mail to: Assurant Health  
PO BOX 3175  
Milwaukee, WI 53201-3175

**Faxing Option B - For Agent Online Tools - Issue****FAX: 414.299.1291**

1. Fax the original application to 414.299.1291 on the same day received.
2. If the policy is being paid via credit card:
  - Assurant Health will match the faxed applications to the policies entered via the Issue Tool the policy will be activated
3. If the policy is being paid via check for the initial 30 days and ACH (Automatic Check Withdrawal) for subsequent payments:
  - a faxed confirmation will be sent that must be printed out and mailed to Assurant Health along with the signed application and initial payment. The application and initial payment must be received by Assurant Health within 14 days of submission or the policy will be marked "incomplete" and no coverage will be issued
  - the application will not be activated until the fax confirmation, signed application and initial payment are received at Assurant Health
4. If the policy is paid by check for a single pay policy, or is a monthly pay policy where coupons are requested for subsequent payments:
  - a faxed confirmation will be sent that must be printed out and mailed to Assurant Health along with the signed application and initial payment
  - the application will not be activated until the fax confirmation, signed application and payment are received at Assurant Health. The application and payment must be received by Assurant Health within 14 days or the policy will be marked "incomplete" and no coverage will be issued

**Internet**

If a client applies for coverage online through one of our Internet programs:

**Earliest possible effective date:** 12:01 a.m. the day after transmission to Assurant Health if applying online, or the day after the postmark or meter date, if the application is printed and mailed to Assurant Health via the U.S. Postal Service. For example, if a client submits an application online on March 15th, benefits will begin at 12:01 a.m. on March 16th. If an application is completed online but submitted via U.S. Mail, the effective date is 12:01 a.m. the day after the U.S. Postal Service postmark or metered date that appears on the envelope used to mail the application.

All online transmissions take place and are recorded based on the time and date in the Central time zone. For example, if an application is submitted online at or after 10:00 p.m. Pacific time on March 15th, the time of the transmission will be at or after 12:00 a.m. Central time. Therefore, the transmission date of the application will be March 16th.

**Later effective date:** If a client is applying online, the effective date will be the day entered online. The effective date cannot be more than 45 days in the future. For example, if you submit your application online on May 1st, and you choose a later effective date of May 5th, your benefits will begin 12:01 a.m. on May 5th.

## Calculating Premiums

There are four ways to calculate Short Term Medical premiums. You choose the method that works best for your sales needs.

### Manual

Step-by-step instructions to manually calculate premiums are provided on all mailer brochures for our most popular plan choices. Additional plan choices can be quoted through our Web-based quoting tool, our agent Web site, or our proposal software.

Be sure to follow all the steps in order to ensure a correct manual calculation.

- **Child Rates** - when determining the per child rate for a family policy, be sure to use the "**Child Rates grid**." "**Child Rates grid**" should not be used if calculating premiums for a child only policy.

**Reminder:** the fastest, most accurate way to calculate rates is through our Web-based quoting tool, our agent Web site or our proposal software.

### Agent Online Tools - Create a Quote

This tool gives you instant, accurate quotes in a matter of minutes. It also can be used to verify manually calculated premiums on applications being submitted through the Issue Tool (see [Agent Online Tools](#) section for more information) and issue policies from electronic quotes while your client is in your office. Simply go to [www.assuranthealthsales.com](http://www.assuranthealthsales.com), log in, click on Temporary, then select Create a Quote. You can also save a quote, find a saved quote, email a quote and invite your clients to apply.

**Note:** Only licensed and appointed agents have access to this tool.

### Internet

To get instant, accurate quotes, create:

- My Sales Link
- My Web Page

You can direct your clients to the site to get a quote and apply online (see the [Internet Sales Programs](#) section for more details).

### Proposal Software

Easy-to-use proposal software can be downloaded from the Assurant Health Sales Web site at [www.assuranthealthsales.com](http://www.assuranthealthsales.com). Simply log in, then from the left navigation click on **Download Desktop Software**. For more detailed information on the proposal software review the [Proposal Software](#) section.

## Payment Options

With Short Term Medical plans, clients have two options to choose from - a single payment or monthly payments.

**Single Payment** - Ideal if the exact length of time coverage is needed is known.

- The minimum number of days that can be purchased is 30 days and the maximum is 180 days

**Monthly Payment** - Ideal if a client is unsure how long coverage is needed. This "pay as you go" option lets clients continue coverage for as long as needed (up to 180 days) or stop payments and discontinue the plan whenever desired. The Initial payment is for 30 days and subsequent monthly payments are made every 30 days.

## Payment Methods

Short Term Medical plans can be paid for by **check**, **credit card** (Visa or MasterCard) or **auto bank debit** (checking or savings).

### Single Payment Option

- Check and credit card payments are accepted. The auto bank debit (checking or savings) option is only available via the Internet.
- No refunds are available after the 10-day free look period. (See the [Refunds](#) section for more information.)

### Monthly Payment Option

- Check, credit card and auto bank debit payments are accepted.
- The auto bank debit option is available as follows:
  - ◆ If applying via paper, the auto debit from checking or savings option is available. The initial payment must be submitted via paper check, a separate voided check is needed when withdrawing from a checking account. When withdrawing from a savings account please be sure the client has entered their information legible and correctly.
  - ◆ If applying via the Internet, both the checking and savings options are available.
- If an insured pays via credit card or auto debit, it is important that they notify Assurant Health of any account changes (at least seven days prior to the payment due date) and inform us if funds will not be sufficient on the day of the draw. Doing so will ensure that the policy does not lapse.

If the initial payment is made by:

- **MasterCard or Visa** - each month, premium payments will be debited automatically from the account number provided with the initial payment. That account will be debited each month until the insured has reached a total of 6 months of coverage, depending on the policy purchased. If the insured's temporary need ends prior to the 6th month, have them call Assurant Health at 800.800.5453 to stop the automatic charge. **Seven days advance notice is required** to ensure future account charges are stopped. Automatic charges can only be stopped by the insured, not by an agent or payor.
- **Automatic debit from checking or savings account** - each month, premium payments will be debited automatically from the account number provided with the initial payment. That account will be debited each month until the insured has reached a total of 6 months of coverage, depending on the policy purchased. If the insured's temporary need ends prior to the 6th month, have them call Assurant Health at 800.800.5453 to stop the automatic debit. **Seven days advance notice is required** to ensure future debits are stopped. Automatic debits can only be stopped by the insured and payor not by an agent. In addition, **the insured's name must match the name on the checking or savings account being debited.**
- **Check** - the insured will receive a sheet of payment coupons via the U.S. Postal Service for all subsequent payments. Each month, the insured should mail a check with the coupon to Assurant Health. Each coupon pays for an additional 30 days of coverage. **Note:** Since an insured can end their monthly pay coverage at any time, no lapse notices are sent. If subsequent payments are not received, Assurant Health assumes that the insured's temporary need has ended.

## Application Submission Options

You have multiple options when it comes to submitting your Short Term Medical applications to Assurant Health:

- Standard mail
- Fax
- Internet
- Agent Online Tools - Issue or Quote to Issue with client present (for more information on this tool, see the [Agent Online Tools](#) section)

## Paper Applications

Below is a detailed chart to help you easily remember what needs to be sent to Assurant Health based on your preferred method of application submission.

**Note:** When faxing Short Term Medical applications to Assurant Health, there is no need to call to confirm that the application was received. A fax confirmation sheet will automatically be sent to you once the application is reviewed.

Method Policy was Issued	Payment Method	What to Send to Assurant Health So a Policy Can Be Issued	Where/How to Send to Assurant Health
Home Office Issued Policies	Credit Card	<ul style="list-style-type: none"> <li>• Original signed application</li> <li>• Proof of dating</li> </ul>	Recommended option (faster): Fax to: 414.299.1137*  Alternative Option: Mail to: Assurant Health P.O. Box 3175 Milwaukee, WI 53201
	Automatic Withdrawal from Checking or Savings	<ul style="list-style-type: none"> <li>• Original signed application</li> <li>• Initial premium via paper check along with a separate voided check or correctly printed on the application</li> <li>• Proof of dating</li> </ul>	Mail to: Assurant Health P.O. Box 3175 Milwaukee, WI 53201
	Pay by Check	<ul style="list-style-type: none"> <li>• Original signed application</li> <li>• Check for initial premium</li> <li>• Proof of dating</li> </ul>	Mail to: Assurant Health P.O. Box 3175 Milwaukee, WI 53201
Agent Online Tools - Issue  To access this tool while in the sales Web site:  <ul style="list-style-type: none"> <li>• Click on Specialty Products in the top grey navigation bar</li> <li>• From the left navigation, click on Issue</li> </ul> To learn more about this tool, go to the Agent Online Tools section.	Credit Card	<ul style="list-style-type: none"> <li>• Original signed application with policy number</li> <li>• Proof of dating</li> </ul>	Recommended method (faster): Quote online and issue policy immediately, with client in office  Alternative methods: Fax to: 414.299.1291* Mail to: Assurant Health P.O. Box 3088 Milwaukee, WI 53201
	Automatic Withdrawal from Checking or Savings	<ul style="list-style-type: none"> <li>• Original signed application with policy number</li> <li>• Initial premium via paper check along with a separate voided check or accurately printed on the application</li> <li>• Proof of dating</li> </ul>	Mail to: Assurant Health P.O. Box 3088 Milwaukee, WI 53201
	Pay by Check	<ul style="list-style-type: none"> <li>• Original signed application with policy number</li> <li>• Check for initial premium</li> <li>• Proof of dating</li> </ul>	Mail to: Assurant Health P.O. Box 3088 Milwaukee, WI 53201

\* To prevent a duplicate policy from being issued, please do not mail applications after faxing.

## Internet Applications

### Short Term Medical

Clients who apply online through one of our Internet programs My Web Page or My Sales Link can either submit the application electronically right from the Web site or print it out and mail it via the U.S. Postal Service. **These Internet applications cannot be completed and submitted electronically by an agent.**

If an application is submitted electronically via the Internet and paid for via credit card or auto debit, nothing more needs to be done. A policy will automatically be generated and sent to the insured. See [Policy Delivery Options](#) section for more information.

Applications that are completed online but are printed out and mailed to Assurant Health need to be received within 14 calendar days, along with the appropriate premium amount. Applications that are received after 14 days will be considered incomplete and no coverage will be issued.

Internet application is not available for CA.

### Policy Delivery Options

- You and your clients have two options for Short Term Medical policy delivery:
  - ◆ Home Office Issue/Paper Policy
  - ◆ Electronic via the Internet (E-policy)

Since the duration of Short Term Medical plans are brief, it is critical that a policy be issued as soon as possible. Therefore, we ask that you check all applications for accuracy and completeness prior to submission to Assurant Health. (See the [Policy Dating Procedures](#) section for more information.)

#### Home Office Issue/Paper Policy

All applications submitted to Assurant Health via mail or fax will be issued a paper policy, unless the e-policy option was selected on the application. In addition, a hard copy of the Benefit Summary will be mailed to the general agent.

#### Electronic via the Internet (E-policy)

Insureds who choose to receive their policy and Notice of Privacy Practices electronically are sent an e-mail that contains a Web link to their policy packet. From this link an insured can print his/her Welcome Letter, ID Card, Benefit Summary, Notice of Privacy Practices and Policy Pages. This link is accessible for the duration of the policy.

As the agent, you will receive a copy of the benefit summary as follows:

- **Policy sold through the Internet** (either through the Agent Linking Program or My Web Page) if e-policy is selected, an e-mail that contains a Web link to the Benefit Summary will be sent to you. If e-policy is not selected, a copy of the Benefit Summary will be mailed to the General Agent.
- **Policy sold via paper application** - a hard copy of the Benefit Summary will be mailed to you.

### PHCS Network Discount

Clients may be able to reduce their medical bills by using the doctors and hospitals participating in the PHCS Healthy Directions provider network. To see if a doctor or hospital is part of PHCS Healthy Directions, clients should call 800.357.6847 or go to [www.phcs.com](http://www.phcs.com) and select the "Healthy Directions" network. The Short Term Medical identification card, which displays the PHCS logo, should be presented at the time of service to ensure the provider accepts the PPO network rate for services. *Not applicable in Rhode Island.*

## Fees

Description	Amount	States
Application Fee (non-refundable)	\$25	All states except Mississippi
	\$6	Mississippi

Fees are non-commissionable.

## COBRA

Short Term insurance is often less costly than COBRA. In order for clients to preserve their rights to guaranteed health insurance and coverage for pre-existing conditions, they may need to purchase up to 18 months of COBRA. Clients may forego these rights when they purchase a Short Term Medical plan or choose to go without insurance.

## Purchasing Additional Short Term Medical Plans

Short Term Medical plans are **not** renewable and do not cover pre-existing conditions. However, if a client's temporary need continues beyond the policy period, he/she may apply for a new plan\*. To obtain an additional plan, a new enrollment form must be completed. If Assurant Health approves the new enrollment form, a new plan will be issued.

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 a 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 a client is not covered by our Short Term Medical plan.

The policyholder may apply for another Short Term Medical plan if there are no state limits, and he or she has not had more than 730 days of continuous Short Term Medical coverage without a 64-day gap. State requirements are:

<b>Colorado</b>	Limited to two non-renewable Short Term Medical plans within the past 12 months with any carrier <u>or</u> the applicant must wait at least six months from the termination date of his/her last Short Term Medical policy before reapplying.
<b>Idaho</b>	Limited to 1 short term policy with Assurant. If additional coverage is needed, the applicant must wait 64 days from the term date of the last policy before reapplying.
<b>Maine</b>	Limited to 12 months of Short Term Medical coverage with Assurant Health. If additional coverage is needed, the applicant must wait 12 months from the termination date of the last policy before reapplying.
<b>Michigan</b>	Limited to 185 days of Short Term Medical coverage with Assurant Health in any 365 day period (185 days of coverage does not need to be consecutive).
<b>Minnesota</b>	Limited to 365 days of coverage in any 555-day period with any carrier. Note: previous temporary health insurance coverage outside the U.S. must be considered when determining eligibility for a rewrite.
<b>New Hampshire</b>	Limited to 540 days of Short Term Medical coverage with Assurant Health within a 24-month period.
<b>Oregon</b>	Limited to 180 days of coverage with Assurant Health. If additional coverage is needed, the applicant must wait 90 days from the termination date of the last policy before reapplying.
<b>Wisconsin</b>	Limited to 18 months of coverage with Assurant. If additional coverage is needed, the applicant must wait 64 days from the term date of the last policy before reapplying.

\* In CA and UT, when your plan expires, you may not be eligible for another Short Term Medical plan if you've submitted a claim while covered by the previous plan. Since a Short Term Medical plan does not cover medical conditions that existed before the plan began, a new plan may not provide benefits for any condition or symptom that began during the previous plan.

### Rewrite Program

Each month, Assurant Health mails a letter to your Short Term Medical clients whose policies are about to expire and are eligible to obtain another policy. This letter will offer them another policy - - **and you get credit for the sale.**

Each letter is personalized with your agent name and 14-digit agent number to ensure you receive credit. All applications are pre-filled with the information based on selections from the prior policy.

Short Term Medical rewrite letters are not sent to:

- Insureds who have had 730 days of Short Term Medical coverage with Assurant Health
- Insureds in CO, ID, ME, MI, MN, NH, OR and WI who have reached the maximum temporary coverage amount allowed by the state
- Insureds and/or spouses age 64 years or older
- Insureds in CA and UT who had claims during the policy period
- Insureds who are on the monthly payment plan and have not reached the maximum duration of the policy
- Insureds who have filed a claim for a medical condition that would make them ineligible for coverage

### Premium Processing

#### Shortages

**Checks and Auto Debit from Checking or savings:** If the premium sent to you or Assurant Health is \$30 or less than the amount due, it is your responsibility to collect the balance due for the policy selected. In this instance, you will receive notification from Assurant Health and your commission account will be debited for the premium shortage. In order to recover this money, it may be necessary for you to collect the difference from the insured later and either retain it (by having the check made payable to you) or submit it to Assurant Health at a later date. We will then credit this money to your commission account. If the premium amount forwarded is short more than \$30, Assurant Health will contact you or the insured to obtain the additional premium required

**Credit Card:** If the premium amount is incorrect and less than \$10 short of the full premium, Assurant Health will deduct the full premium from the insured's account without contacting the insured for additional authorization. If the amount due is short more than \$10, Assurant Health will contact the insured to obtain a verbal or written authorization to debit their account.

### Overpayments

**Checks:** If the premium amount forwarded to an agent or Assurant Health is more than the amount due by \$50 or less, the agent is notified and the overage is credited to the agent's commission account, unless otherwise requested. A letter is sent to the insured informing him/her that the overpayment amount can be collected from the agent. If the premium amount forwarded is more than the amount due by over \$50, a check in the amount of the overage is mailed directly to the insured (or remitter of the check if the payor is someone other than the insured).

**Credit Card and Auto Debit from Checking or Savings:** Any overage amount submitted is refunded directly to the insured. If the policy was paid for by credit card, the overage amount is credited back to the account number provided on the application. If the policy was paid via auto debit to a checking or savings account, a check in the amount of the overage is mailed to the insured.

### Non-Sufficient Funds or Closed Accounts

**Check:** A check is submitted twice before it is returned to Assurant Health. If a check is returned from the bank indicating there were insufficient funds to cover the check, a policy termination letter is sent to the insured. We will notify the agent and on the next agent commission statement the commission amount will be reversed. A replacement check will not be accepted for the initial payment but will be accepted for subsequent monthly payments if it is received within the 10-day grace period. To secure coverage after a payment is denied, a new application (including a current policy effective date) and acceptable payment must be submitted. The same procedure would apply for a "closed" account.

**Credit Card and Auto Debit from Checking or Savings:** For paper applications, if an insured's initial payment is declined, the insured will be contacted by Assurant Health and given the opportunity to submit an alternate form of payment within 10 business days from the day he was contacted. The policy will be current dated based on the postmark or received date of the new form of payment. If an alternate form of payment is not received within 10 days, the application will be marked incomplete and returned to the insured. To secure coverage after a payment was denied, a new application and acceptable payment must be submitted. The same procedure would apply for a "closed" account.

An application can only be submitted via the internet if the account number provided is valid and funds are available.

**Monthly Payment Installments** - For all payment methods, Assurant Health will accept another form of premium payment if it is received within the 10-day grace period. The 10-day grace period begins the day after the payment due date.

### Grace Period

On monthly pay policies, there is a 10-day grace period (31 days in GA, LA, ND, and SD) from the payment due date for accepting payments. After this time, a new application and acceptable payment must be submitted if coverage is still needed.

### Refunds

A full premium refund is available for both single and monthly pay plans if the insured requests cancellation within 10 days of receipt of the policy. However, the application fee is non-refundable.

For single pay plans, premiums are not refundable after the 10-day free look period. The only exceptions are for insured's in the states of **FL, GA, ID, KS, KY, LA, MI, OH, SC, SD and TX**. In these states, a pro-rated refund will be given for the unused premiums if an insured requests cancellation anytime during the policy period.

Refunds will be given:

- As of the date Assurant Health is notified (either by phone, fax, e-mail or mail) or
- 30 days prior to the cancellation request if proof of other coverage is provided

When a cancellation request is received, the policy is cancelled as of the date of the cancellation request or a later requested cancellation date, and the agent's commission is reversed. Cancellation requests can only be made by the insured and agent.

For check and auto debit payments, a refund check for the premium refund due will be sent to the remitter. For credit card payments, a credit is issued to the account number provided on the application. **Note:** The application fee is non-refundable.

**NOTE:** If an insured is issued an Individual Medical plan from Assurant Health, a pro-rated refund will be given and the STM contract will be cancelled as of the effective date of the Individual Medical plan. All requests must be submitted in writing to Assurant Health.

Cancellation requests can be submitted as follows:

- Mail: Assurant Health  
Specialty Products Division  
P.O. Box 3175  
Milwaukee, WI 53201
- Email: [specialty.administration@assurant.com](mailto:specialty.administration@assurant.com)
- Phone: 800.800.5453

### Policy Changes

Policy changes of any kind, except for address changes, are not allowed on Short Term Medical policies. Address changes can be submitted via:

- Mail: Assurant Health  
Specialty Products Division  
P.O. Box 3175  
Milwaukee, WI 53201
- Email: [specialty.administration@assurant.com](mailto:specialty.administration@assurant.com)
- Phone: 800.800.5453

### Preauthorization

Persons insured under a Short Term Medical policy are required to notify us of all hospital admissions, outpatient surgeries and certain other services. The notification process must be followed in its entirety to receive maximum benefits. Benefits for unauthorized services of otherwise covered expenses will be reduced.

Each Short Term Medical identification card displays the phone number to call for notification.

Refer to the state specific contract for detailed information regarding which services require notification.

### Lapsed Policies

No lapse notice is sent when a premium payment is not made. This is because an insured can end their monthly pay coverage at any time, no lapse notices are sent. If subsequent payments are not received, Assurant Health assumes that the insured's temporary need has ended. If a policy ends or lapses due to non-payment, a Certificate of Creditable Coverage is mailed to the insured.

### Policy Rescissions

Assurant Health relies on your client's answers to the application questions, and their answers have a significant impact on their eligibility for insurance. Your client should respond to the application in a thorough and complete fashion because this information is relied on by Assurant Health. Information that is not completely and accurately disclosed may result in the rescission of coverage.

## Proposal Software

The Short Term Medical proposal software is available to all agents to aid in the quoting process.

- **Store customer information** - so you can solicit them for an additional Short Term Medical plan, if needed, or other health products.

The Short Term Medical proposal software can be downloaded from the Assurant Health Sales Web site at [www.assuranthealthsales.com](http://www.assuranthealthsales.com). Simply log in, click on **Download Desktop Software** on the left navigation.

### Helpful Tips

- **When installing the proposal software for the first time, be sure to enter your agency and agent numbers on the agency data tab.** If you are unsure of your agency and agent numbers, they can be easily found in the upper left corner of the first page of your commission statement. You must enter the complete 14-digit number, including all leading zeroes. For your general agency number, the ninth digit of this number must be a '1'. For your writing agent number, the ninth digit of this number must be a '0'.
- **Verify you have the most current version of the software loaded to your computer.** To check the version number you are using, click on 'Help' then 'About' in the software. Then go to the Assurant Health Sales Web site at [www.assuranthealthsales.com](http://www.assuranthealthsales.com) and see what the most recent version of software is listed. If there is a more current version of the software simply download it to your computer. **Note:** If you only install the new version of the software to your computer, your existing STM database will remain in tact. However, if you un-install the software, your database will be erased (see next tip).
- **Save your database before un-installing and then re-installing the software.** If for some reason you need to un-install the current version of software and then re-install the new version, you will need to save your STM database. To do this, go to Windows Explorer and find `c:\ASSURANT\STM` or `c:\FORTIS\STMRR`. Then copy the following five files to a new location: `agent.cdx`, `agent.dbf`, `client.cdx`, `client.dbf`, and `client.fpt`.
- **Be sure to click the save button when saving quotes or after issuing policies.** If the save button is not clicked, your quote and/or policy information will not appear in your database.
- **Verify your printer settings** - If a 'printing in progress' dialogue box appears when printing, but the printer does not print anything, click 'Utilities', then 'System Settings', then check and make sure that the 'Spool all pages in 1 print job' box is unchecked. Click 'Save'.
- **Read the Users Manual** - To view the Users Manual open the proposal software. Click on "Help" then "Users Manual". A text file will open which contains detailed information regarding all of the proposal software functionality.

## Internet Sales Programs

Time Insurance Company offers Internet programs that allow you to sell Short Term Medical entirely online. Each program provides general information about our products, generates instant quotes, and allows consumers to apply and purchase entirely online. And, you earn full commission for each policy sold in a state in which you are licensed and appointed.

### My Sales Link

Generate online sales . . . **no Web site required!** We've created a personal sales link just for you that takes your clients to a Web site that provides general product information, generates instant, accurate quotes, and allows clients to apply online. The Web site displays your agency information and you receive credit for your sales. Best of all, no paper application is required!

**You can email your personal sales link to your clients or add it to your Web site.**

You receive one basic sales link that will display your:

- Name
- Phone number
- Email address

For an even more personalized sales link that displays your logo, business hours, marketing slogan and more, you can easily create your own link.

To get started,

- Go to [www.assuranthealthsales.com](http://www.assuranthealthsales.com).
- Login to the sales Web site. Under **Help Me Sell** click on **Create a Free Sales** link. The Web site will provide you with an overview of the program and step-by-step instructions on how to create your personalized Web page.

### My Web Page

Create a personalized Web page...**at no cost to you!** Wish you had a professional Web page but don't have the resources to create one yourself? Well, help is here! You can now generate online sales by creating your own personalized Web page. Don't worry about the "technical stuff." We'll take care of it for you. Simply pick your Web page design and colors, enter your personal information and select the products you wish to offer . . . we'll take care of the rest.

- Go to [www.assuranthealthsales.com](http://www.assuranthealthsales.com).
- Login to the sales Web site. Under **Help Me Sell** click on **Create a Free Web site**. The Web site will provide you with an overview of the program and step-by-step instructions on how to create your personalized Web page.

### All Internet programs provide the following:

- Clients receive instant policy acceptance/rejection notification.
- With credit card payment (VISA or MasterCard) or auto bank debit, policy number confirmation is provided to your clients instantly.
- Customers who purchase online can choose to receive their policy electronically in a matter of hours. Agents receive a link to the benefit summary.
- If a paper policy is requested, it is mailed directly to your clients within two business days. A schedule of benefits is mailed to the General Agent.
- You receive email notification that you have a new customer so you can keep track of your online business vs. offline business. This information can also be obtained through the Reporting Tool. (See [Agent Online Tools](#) section for more information on the Reporting Tool.)
- You receive email notification that a customer purchased in a state where you weren't appointed – if you get this message, you may want to get licensed and appointed in that state or update your appointment with us.
- You receive email notification that a customer printed an application (potential new customer) to keep track of those people who do not pay online via credit card. Sales are not confirmed until the signed application and premium are received at Assurant Health. You can confirm these sales through your commission statements or through the Reporting Tool. (See [Agent Online Tools](#) section for more information on the Reporting Tool).

### Agent Online Tools

Short Term Medical plans are the easiest health insurance products to sell and now there are tools that will not only reduce your expenses, but make it even easier to sell!

- **Quote or Quote to Issue** - generate instant, accurate quotes online and issue policies immediately while your client is in the office.
- **Rewrite Eligibility** - determine state rewrite eligibility the easy way. When you're quoting online, click the CHECK STATE REWRITE ELIGIBILITY link on the Plan Details page. Add the client information and the system will determine if it's OK to continue writing the Short Term Medical plan, or if you should start a new quote for another plan option, like Individual Medical.
- **Issue** - save time and money when you submit paper applications online.
- **Reports** - track all your Short Term Medical business, including policy status.
- **Rewrite letters** - generate personalized rewrite letters for clients who are eligible for an additional Short Term Medical policy in a matter of minutes.

To access these tools while in the Assurant Health Sales Web site, click on **Temporary**, then click on the tool you wish to use. For online assistance, click on **Help** in the upper right corner in each tool.

Below are some helpful tips that will ensure your Short Term Medical business submitted through the Agent Online Tool is processed in the most effective and timely manner.

### Helpful Tips when applying for a Short Term Medical Plan

1. **Send the Original Application\*** - if you submit Short Term Medical applications through the Issue Tool, you still **must send the original, signed application and supporting materials to Assurant Health** within 7 calendar days of submission. To ensure the most timely processing, a special P.O. Box and fax number have been set up.
  - **Credit Card and Auto Debit Payments** - applications with payment via credit card or auto debit can be faxed to 414.299.1291. If payment is via auto debit, a voided copy of a check must also be sent with the fax.
  - **Application Submission** - applications and all supporting paperwork (checks, fax confirmation page, etc) should be mailed to a **special address**: Assurant Health, P.O. Box 3088, Milwaukee, WI 53201-3088.
  - **Reminder Letter** - if the original application is not received by Assurant Health within 7 days, a reminder letter is mailed to the agent who submitted the business via the Issue Tool.
  - **Policy Termination Letter** - if the original application is not received by Assurant Health within 14 days of submission, a policy termination letter and premium refund is sent to the customer. This letter is also sent to the agent who sold the policy and the agent who submitted it via the Issue Tool.
  - **Reporting Tool** - be sure to access this tool to check policy status and so much more on all your Short Term Medical business. The Reporting Tool is updated daily.

\* If you have a client in your office, you may have the client complete and sign the application on the Internet or you may use the Quote to Issue functionality described in Agent Online Tools above. In either case, a hard copy of the application does not need to be sent to Assurant Health.

2. **Proof Your Submission Carefully (Premium Amount Due and Applicant Information)** - it is critical that you carefully proof all business keyed into the Issue Tool. The applicant's information has to exactly match what is submitted. Please also make sure the premium amount collected matches the amount provided via the Issue Tool. Verify the primary insured signed the application, not just the payment section.
3. **Securing a Next Day Effective Date** - if no dating proof is provided with an application, you can still secure a next day effective date. Simply enter the application into the Issue Tool the day it's received. Then, mail the original application along with the initial payment to Assurant Health. The original application must be submitted to Assurant Health within 14 days of entering it into the Issue Tool. (See [Application Submission Options](#) section for more information).
4. **Agent Locator** - when submitting applications via the Issue Tool on behalf of your agents, simply click the "Search" button to get a complete listing of your writing agents (leave all other fields blank). To refine your search, enter information for either the "Agent's Last Name" or the "Agent's 14-digit writing agent number". Then click the "Search" button.
5. **Credit Card Information** - When prompted to enter a customer's credit card number and card type remember this tip: Visa account numbers begin with a "4" and MasterCard numbers begin with a "5." If paying by credit card, please make sure your customer signs the application and the authorization line in the payment section.
6. **Help Documents** - step-by-step instructions on how to use the Quote, Issue, Rewrite and Reporting Tools can be found by clicking on the "Help" link in upper right corner of each tool.
7. **Technical Support** - if you have any problems accessing the tools or need technical assistance, call 866.866.4488, ext. 4357.

## Email Security

To safeguard the confidentiality of Protected Health Information (PHI) and comply with HIPAA Security Standards, Assurant Health uses a secure email system.

## Protected Health Information

Protected Health Information or PHI, is any confidential information that can be used for identification. PHI includes information such as: names, social security numbers, addresses, ZIP codes, birth dates, claim dates, admission and discharge dates, phone numbers, fax numbers, email addresses, policy numbers, etc. Using a secure email system for electronic PHI communications with Assurant Health will ensure that you are complying with HIPAA standards and keeping the trust of your clients.

## Using the Email Message Center

You can use the Assurant Health Secure Email Message Center when you send or receive emails with confidential information. The Secure Message Center is a simple-to-use, secure, email Inbox that is accessed via the Web at <https://secure-assuranthealth.com/>. It works similarly to other email systems in the industry. Here's the process:

### First-time Users

The first time you receive a secure email, a notice will be sent to your own personal email Inbox alerting you to a secure message. Instructions in the email will direct you to:

Click on a link in the message that launches the Secure Email Message Center registration page.

Register and set up a password. Registration and password set-up only needs to be done once to use the Secure Email Message Center for sending or receiving future messages.

### Using the Secure Email Message Center

After you register, use the Secure Email Message Center to compose and send email with protected information to anyone at Assurant Health. If you receive email with protected information, you will first receive notification to your personal Inbox. Then you can access the message using the Message Center.

### Message Expiration

For further security, messages in the Secure Email Message Center, either read or unread, are automatically deleted after 30 days\*. They can, however, be printed or downloaded from the Message Center anytime on or before the 30<sup>th</sup> day.

\* The 30-day deletion does not apply to emails with links to Short Term Medical e-policies. They will be available for 12 months.

## **Contact/Support Information**

### **Short Term Medical**

800.800.5453

- Application/policy status
- Address changes
- Requests for Certificate of Credible Coverage letters
- Agent transfers
- Additional Short Term Medical plans

### **Contract and Licensing**

800.800.1212, ext. 8327

- Verify and update appointments
- Verify agent/agency number
- Agency contact information changes

### **Internet Program Support**

866.866.4488, ext. 4357

- Verify or change User ID and Password for the [www.assuranthealthsales.com](http://www.assuranthealthsales.com) Web site
- Problems logging into the [www.assuranthealthsales.com](http://www.assuranthealthsales.com) Web site
- Need assistance with any of the Internet Sales Programs - My Sales Link, My Web Page or [www.assuranthealthsales.com](http://www.assuranthealthsales.com)

For agent use only.

Assurant Health is the brand name for products underwritten and issued by Time Insurance Company.

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