



Short Term Medical - Agent Guide

Time Insurance Company

9/1/07

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 Form 135/136/137 Short Term Medical plans in all states except HI, MA, NJ, NY and VT.

This guide does not provide product information. Limited state-specific information is provided; however, detailed state-specific guidelines can be found in the Short Term Medical mailer brochures and in the state-specific insurance contracts.

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 1-800-800-5453.

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 1-800-800-1212, 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 are eligible for a Short Term Medical plan. This includes people who are:

- between jobs or laid off
- recent college graduates
- waiting for employer-sponsored coverage
- temporary or seasonal employees

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 including but not limited to heart attack or chest pain; stroke; diabetes; cancer or tumor; alcoholism, chemical dependency, drug or alcohol abuse; kidney disorder, excluding kidney stones; emphysema; Crohn's disease, ulcerative colitis or hepatitis; or AIDS or tested positive for HIV. (Varies by state. Refer to state-specific application).
- Persons engaging in hazardous activities, sports or occupations on a routine basis (see [Hazardous Sports and Activities](#) section).
- Persons seeking coverage while traveling outside of the United States.
- Non-U.S. citizens (except as described in the [Foreign Residents](#) section).

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

Dependent 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).

- Louisiana provides dependent coverage through age 20 if unmarried, age 23 if a full-time student.
- Colorado, New Mexico and Texas provide dependent coverage through age 24, regardless of student status.
- North Dakota provides dependent coverage through age 21 if unmarried, age 26 if a full-time student.
- South Dakota provides dependent coverage through age 19 if unmarried, age 24 if a full-time student.
- Utah provides dependent coverage through age 25, regardless of student status.

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. 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 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 appropriate age bracket from the Primary Insured/Spouse Daily Rate Chart. Any remaining children should be listed as dependents and rated based on the per child rate from the Dependent Child Daily Rate Chart. 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 from the Primary Insured/Spouse Daily 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 age bracket from the Primary Insured/Spouse Daily Rate Chart. The two remaining children would be listed as dependents and rated based on the per child rate from the Dependent Child Daily Rate Chart. Since all children are under the age of 18, the parent or guardian must sign the application.

Foreign Residents

Foreign residents, living in the U.S. for at least one year at the time of enrollment, are eligible for a Short Term Medical plan as long as proof of an Alien Registration Receipt Card, visa or other appropriate documentation is provided. **Note:** Marriage to a U.S. Citizen does not eliminate these requirements.

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 or inter-scholastic sports (intramural 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

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 insurance is designed to provide insurance to healthy persons who are between employer or individual health insurance plans 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 is not a guaranteed issue product.

If you are a General Agent, you can field issue a Short Term Medical plan. By doing so, you are, in effect, underwriting for Assurant Health. Although Short Term Medical does not cover pre-existing conditions, the application requests minimal evidence of insurability, thus there is a possibility of selection against the company. Therefore, we ask that you screen all applicants to the best of your ability. If you determine that a prospective insured does not meet the eligibility requirements, do not issue a Short Term Medical contract.

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 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 Mailer Brochures

All mailer brochures are state specific. To order the appropriate mailer brochure for your state, see the chart below.

Short Term Medical Mailer Brochures

State	Mailer Brochure	State	Mailer Brochure	State	Mailer Brochure
AL	28411-AL	KY	28411-KY	OK	28411-OK
AZ	28411-AZ	LA	28411-LA	PA	28411-PA
AR	28411-AR	ME	28411-ME	RI	28411-RI
CA	28411-CA	MI	28411-MI	SC	28411-SC
CO	28411-CO	MN	28411-MN	TN	28411-TN
CT	28411-CT	MS	28411-MS	TX	28411-TX
DE	28411-DE	MO	28411-MO	WA	28411-WA
DC	28411-DC	NE	28411-NE	WV	28411-WV
GA	28411-GA	NH	28411-NH	WI	28411-WI
IL	28411-IL	NM	28411-NM	WY	28411-WY
IA	28411-IA	NC	28411-NC		
KS	28411-KS	OH	28411-OH		

All forms can be ordered through our Supply Department. Email your request to 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 CA, NM, and UT, if the question “Will you or any person to be insured have any other hospital, major medical, or group health insurance in force on the effective date of this plan?” is answered “yes,” coverage cannot be issued.
- In PA, if Short Term Medical coverage will terminate any existing health insurance presently in force, a replacement notice (Form 28949) must be completed and submitted with the application. **Note:** Form 28949 should be filled out in cases of coverage *termination* only; if client is *losing* coverage, the form is unnecessary.
Examples: If a client loses his/her job but still will have coverage in force, a replacement notice must be completed and submitted with the application. If a client loses his/her job and loses coverage also, no replacement form is required.
- **All answers must be completed by the applicant, not an agent.**

Plan Benefits

- Verify a deductible, payment option and rate of payment 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.
- The fastest, most accurate way to calculate rates is on the web or by using the proposal software. On the web, go to www.stmininsurance.com. To download proposal software, go to www.assuranthealthsales.com, login, from the top grey navigation bar click on **Specialty Products**, then from the left navigation click on **Software**.
- 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

- 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, 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

- 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 account, the first month’s premium must be provided via check along with a separate voided check.
- 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.

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	State	Form Number
AR	26776-AR	LA	26776-LA	MT	26776-MT	TX	26776-TX
CT	26776-CT	ME	26776-ME	ND	26776-ND	UT	26776-UT
DC	26776-DC	MI	26777-MI	NH	26776-NH	WA	26776-WA
FL	26777-FL	MN	26776-MN	NV	26776-NV	WV	26776-WV
ID	26776-ID	MS	26776-MS	OR	26776-OR		
KS	26776-KS	MO	26776-MO-6 26776-MO-12	SD	26776-SD		

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

All forms can be ordered through our Supply Department. Email your request to 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
	8198-KS	Maternity Benefits
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 or fax it to 887-88FORMS (887-883-6767).

Additional Benefits

Up to three additional benefits can be purchased with a Short Term Medical plan: 1) Term Life Insurance, 2) Accident Medical Expense (AME) and 3) a Dental-Vision Discount Card. The cost for these affordable benefits is conveniently added to the Short Term Medical payment, and they provide you with the same commission amount as our Short Term Medical plan.

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 standalone 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 from the 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: 6 Month Plan: \$250, \$500, \$1000, \$2500
12 Month Plan: \$500, \$1000, \$2500, \$5000
- Additional benefit options are available on the internet
- Benefit is not available with a \$0 deductible

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 policy. 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.

Currently available in AL, AZ, CA, CO, CT, DC, IL, IN, LA, MD, OH, OK, PA, TN, TX, UT, and VA.

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

* 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.

Quick Reference Chart

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
Field Issued and Home Office Issued Policies	Walk-In Business (completed application brought to the office) -OR- Faxed-In Business *	<ul style="list-style-type: none"> A policy cannot be issued with an effective date in the past The earliest effective date will be the day after application is faxed to Assurant Health (see Option A below) 	<ul style="list-style-type: none"> Use the appropriate Faxing Option A below 	<ul style="list-style-type: none"> Mail to Assurant Health or Fax (see Option A below)
	Mailed-In Business **	<ul style="list-style-type: none"> Past effective dates cannot be issued without proper evidence, which consists of metered or post marked envelope. Mail to Assurant Health 	<ul style="list-style-type: none"> Mail to Assurant Health 	<ul style="list-style-type: none"> Mail to Assurant Health or Fax (see Option A below)
Agent Online Tools - Issue To access this tool while in the sales web site: <ul style="list-style-type: none"> Click on Specialty Products in the top grey navigation bar From the left navigation, click on Issue To learn more about this tool, go to the Agent Online Tools 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"> Past effective dates cannot be issued without proper evidence, which consists of metered or postmarked The earliest effective date will be the day after submitted through the Issue tool If the application cannot be entered into the Issue tool the same day, use the appropriate Faxing Option B below 	<ul style="list-style-type: none"> Application information must be entered into the Issue tool the same day The effective date will be based on the Issue tool submission date If the application cannot be entered into the Issue tool the same day, use the appropriate Faxing Option B below 	<ul style="list-style-type: none"> Application information should be entered as soon as possible The future date is secured if submitted through the Issue tool prior to the effective date
	Mailed-In Business **	<ul style="list-style-type: none"> Application information should be entered as soon as possible Past effective dates cannot be issued without proper evidence, which consists of a metered or post marked envelope 	<ul style="list-style-type: none"> Application information must be entered into the Issue tool the same day The effective date will be based on the Issue tool submission date If the application cannot be entered into the Issue tool the same day, use the appropriate Faxing Option B below 	<ul style="list-style-type: none"> Application information should be keyed as soon as possible The future date is secured if submitted through the Issue tool prior to the effective date

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. If the policy is paid via credit card:
 - the application will be processed
 - a faxed notification will be sent with the effective date assigned
3. If the policy is paid by check:
 - the application will not be processed
 - 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 original application and payment must be received by Assurant Health within 10 business days

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

- **Monthly Payment Premiums** - when calculating premiums for the monthly payment option, you must calculate the initial premium using 35 days. Then repeat the steps again to calculate subsequent monthly premiums using 30 days. **Note:** For MN and OR, premiums for the monthly payment option should be calculated using 30 days for both the initial payment and all subsequent payments.
- **Child rates** - when determining the per child rate for a family policy, be sure to use the "Dependent Child Rate Chart" not the "Primary Insured/Spouse Daily Rate Chart". You should only use the "Primary Insured/Spouse Daily Rate Chart" if calculating premiums for a child only policy.

However, 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 - 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, login, from the top grey navigation bar click on Specialty Products, then from the left navigation click on Quote.

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

Internet

Another way to get instant, accurate quotes is to go to www.stminsur.com. You can direct your clients to this 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. Simply login, from the top grey navigation bar click on Specialty Products, then from the left navigation click on Software. For more detailed information on the proposal software review the [Proposal Software](#) section.

Payment Options

With Short Term Medical, 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.

- 6 month plan - The minimum number of days that can be purchased is 30 days and the maximum is 185 days (180 days in MN and OR).
- 12 month plan - The minimum number of days that can be purchased is 186 days and the maximum is 365 days (not available in CA, CO, CT, IN, MI, MN, ND, NH, NV, OH, OR, SD, and VA).

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 185 days for the 6 month plan and up to 365 days for the 12 month plan) or stop payments and discontinue the plan whenever desired. An initial premium payment is made for 35 days and subsequent monthly payments for 30 days. **Note:** In MN and OR, the insured pays for the first 30 days upfront and then subsequent monthly payments are for 30 days each.

Payment Methods

Short Term Medical policies 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, only the auto debit from checking option is available. The initial payment must be submitted via paper check along with a separate voided check.
 - ▶ 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 or 12 months of coverage, depending on the policy purchased. If the insured's temporary need ends prior to the 6th or 12th month, have them call Assurant Health at 1-800-800-5453 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 or 12 months of coverage, depending on the policy purchased. If the insured's temporary need ends prior to the 6th or 12th month, have them call Assurant Health at 1-800-800-5453 to stop the automatic debit. **Seven days advance notice is required** to ensure future debits are stopped. Automatic charges can only be stopped by the insured, not by an agent or payor. **Note:** The auto debit from a savings account option is only available on the Internet. 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 four 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
Field Issued Policies (General Agents Only)	Credit Card	<ul style="list-style-type: none"> Original signed application with policy number Proof of dating Copy of benefit summary Lower portion of the front page of the paper contract which includes the policy number 	Recommended method (faster): Fax to: 414-299-1137* Alternative method: Mail to: Assurant Health P.O. Box 3175 Milwaukee, WI 53201
	Automatic Withdrawal from Checking	<ul style="list-style-type: none"> Original signed application with policy number Initial premium via paper check along with a separate voided check Proof of dating Copy of benefit summary Lower portion of the front page of the paper contract which includes the policy number 	Mail to: Assurant Health P.O. Box 3175 Milwaukee, WI 53201
	Pay by Check	<ul style="list-style-type: none"> Original signed application with policy number Check for initial premium Proof of dating Copy of benefit summary Lower portion of the front page of the paper contract which includes the policy number 	Mail to: Assurant Health P.O. Box 3175 Milwaukee, WI 53201
Home Office Issued Policies	Credit Card	<ul style="list-style-type: none"> Original signed application Proof of dating 	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	<ul style="list-style-type: none"> Original signed application Initial premium via paper check along with a separate voided check Proof of dating 	Mail to: Assurant Health P.O. Box 3175 Milwaukee, WI 53201
	Pay by Check	<ul style="list-style-type: none"> Original signed application Check for initial premium Proof of dating 	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"> Click on Specialty Products in the top grey navigation bar From the left navigation, click on Issue 	Credit Card	<ul style="list-style-type: none"> Original signed application with policy number Proof of dating 	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	<ul style="list-style-type: none"> Original signed application with policy number 	Mail to:

To learn more about this tool, go to the Agent Online Tools section.	Withdrawal from Checking	<ul style="list-style-type: none"> Initial premium via paper check along with a separate voided check Proof of dating 	Assurant Health P.O. Box 3088 Milwaukee, WI 53201
	Pay by Check	<ul style="list-style-type: none"> Original signed application with policy number Check for initial premium Proof of dating 	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

Clients who apply online through one of our Internet programs (Agent Linking Program or www.stminsur.com) 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.

Policy Delivery Options

You and your clients have three options for Short Term Medical policy delivery:

- Field-Issue (General Agents only)
- Home Office Issue/Paper Policy
- Electronic via the Internet (E-policy)

Since the duration of a Short Term Medical policy is 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.)

Field-Issue (General Agents Only)

General Agents can issue a Short Term Medical policy from their office for timely delivery to the client. The supplies that you need to issue a policy are:

- Mailer brochure** - with the application attached. (See [Completing the Application](#) section for a complete list of mailer brochure form numbers.)
- Contract** - this is the actual Short Term Medical contract, complete with the policy number. Contracts can only be ordered and issued by General Agents and above. A complete list of contract form numbers is provided below.
- Proposal Software** - allows you to accurately quote premium and print an application, delivery letter, benefit summary, state mandated optional riders, and additional benefit riders (if selected).

Note: The Assurant Health privacy policy (Form 28280) and policy amendment riders are to be ordered from Supply.

- Step 1:** Using the appropriate contract, copy the policy number from the contract onto the application (in the upper right corner).
- Step 2:** Make two photocopies of the completed application, one to be attached to the front of the contract that is delivered to the insured and the other for your files.
- Step 3:** Send the original completed mailer application to Assurant Health. Detach the lower portion of the front page of the contract and send it along with the insured's original application, the original envelope and full premium payment to:

Assurant Health
PO Box 3175
Milwaukee, WI 53201-3175

It is important to detach the lower portion of the front page of the contract (the Special Agent Instructions) and return it to Assurant Health. This form is used to verify the assigned policy number at Assurant Health.

Step 4: Deliver the policy to the insured as promptly as possible. This is critical since there is a 10-day free look period from the time the insured receives the policy during which he can request a full refund of premium. (See the [Refunds](#) section for more information.)

Policy Form Numbers

State	6 Month Policy	12 Month Policy	State	6 Month Policy	12 Month Policy
AK	135-6-AK	135-12-AK	MT	135-6-MT	135-12-MT
AL	136-6-AL	136-12-AL	NC	136-6-NC	136-12-NC
AZ	136-6-AZ	136-12-AZ	ND	135-6-ND	NA
AR	135-6-AR	135-12-AR	NE	136-6	136-12
CA	136-6-CA	NA	NH	135-6-NH	NA
CO	136-6-CO	NA	NM	136-6-NM	136-12-NM
CT	135-6-CT	NA	NV	135-6-NV	NA
DC	135-6-DC	135-12-DC	OH	136-6-OH	NA
DE	136-6-DE	136-12-DE	OK	136-6-OK	136-12-OK
FL	137-6-FL	137-12-FL	OR	135-6-OR	NA
GA	136-6-GA	136-12-GA	PA	137-6-PA	137-12-PA
IA	136-6-IA	136-12-IA	RI	136-6-RI	136-12-RI
ID	135-6-ID	135-12-ID	SC	136-6-SC	136-12-SC
IL	136-6-IL	136-12-IL	SD	135-6-SD	NA
IN	135-6-IN	NA	TN	136-6	136-12
KS	135-6-KS	135-12-KS	TX	135-6-TX*	135-12-TX*
KY	136-6-KY	136-12-KY		135-6-TX-LB**	135-12-TX-LB**
LA	135-6-LA	135-12-LA	UT	135-6-UT	135-12-UT
MD	137-6	137-12	VA	137-6-VA	137-12-VA
ME	135-6-ME	135-12-ME	WA	135-6-WA	135-12-WA
MI	136-6-MI	NA	WV	135-6-WV	135-12-WV
MN	135-6-MN	NA	WI	137-6-WI	137-12-WI
MO	135-6-MO	135-12-MO	WY	136-6-WY	136-12-WY
MS	135-6-MS	135-12-MS			

* Field-Issued policy for the 80/20 and 100% rate of payment plans.

** Field-Issued policy for the 50/50 rate of payment plan.

All forms can be ordered through our Supply Department. Email your request to mailsupply@assurant.com or fax it to 887-88FORMS (887-883-6767).

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 through www.stminsur.com) - 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 1-800-357-6847 or go to 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.

Fees

Description	Amount
Application Fee (non-refundable)	\$20 (\$6 in MS, \$25 in OR)
Service Fee Schedule	
Payment Made By Phone	\$20

Fees are non-commissionable.

STM Prescription Drug Card

Give your clients savings and simplicity with the STM prescription drug card.

Savings:

- When clients present their drug card at a participating pharmacy, they benefit from instant savings on many prescriptions. Check out the real-life example below and use it to demonstrate how much your clients can save.

Drug	Commonly used antibiotic Levaquin
Strength and quantity	500 mg, qty. 10
Retail price	\$145.99
Price using card	\$98.79
Savings	\$47.20

Simplicity

- No more paperwork! There's no need for clients to submit claims forms—it's all done automatically for them when they use a participating pharmacy.
- Now there's only one card for everyone in the family. Clients get access to both medical and prescription benefits in one simple card.

Your clients also get access to valuable prescription information, right at their fingertips, through www.medco.com.

- Medco, the #1 pharmacy benefit manager in the nation, provides your clients with helpful information for pharmacy locations, cost comparisons, and more. It's a great tool to help clients manage their prescription costs.
- With Medco's national reach, it's easy for your clients to find a participating pharmacy—there are almost 60,000!

COBRA Rights

Short Term Medical insurance is often a lower cost alternative to 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.

There are no limits on the number of Short Term Medical policies a person can purchase, except in the following states:

Colorado	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.
Idaho	Limited to one Short Term Medical policy with Assurant Health (ever).
Maine	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.
Michigan	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).
Minnesota	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.
New Hampshire	Limited to three non-renewable Short Term Medical plans, regardless of the number of days covered within the past 12 months.
Oregon	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.

* In CA, NM and UT, additional Short Term Medical policies cannot be purchased if a claim was submitted while covered under one of our previous Short Term Medical plans.

Rewrite Program

Each month, Assurant Health mails a letter to all your Short Term Medical clients whose policies are about to expire, to 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 live in CO, ID, ME, MI, MN, NH and OR.
- Insureds and/or spouses age 64 years or older
- Insureds in CA, NM, 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

Premium Processing

Premium Shortages

Checks: 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.

Credit Card and Auto Debit from Checking or Savings: 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 (30 days in LA, 31 days in GA, 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 \$20 application fee (\$6 in MS and \$25 in OR) is non-refundable.

For single pay plans, premiums are not refundable after the 10-day free look period. The only exceptions are for insureds in the states of FL, GA, ID, KS, MI, OH, SC 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.

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
- 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
PO Box 3175
Milwaukee, WI 53201
- Email: specialty.administration@assurant.com
- Phone: 800-800-5453

Preauthorization

Persons insured under a Short Term Medical policy are required to obtain authorization for all hospital admissions, outpatient surgeries and certain other services. The authorization 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 preauthorization.

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

Lapsed Policies

No lapse notice is sent (except if required by state) when a policy lapses due to non-payment. If a policy ends or lapses due to non-payment, a Certificate of Creditable Coverage is mailed to the insured.

Policy Rescissions

When coverage is rescinded, 100% of the premium paid is refunded. If coverage is not rescinded for all covered persons on a policy, we will only refund 100% of the premium paid for the insured whose coverage was rescinded. Coverage would remain in force for all other covered persons. The non-refundable application fee will not be included in any refund on a rescinded policy. Commissions on rescinded policies will be reversed.

Proposal Software

The Short Term Medical proposal software is available to all agents to aid in the quoting process. However, if you are a General Agent, you can also use the software to:

- **Issue a policy** - the software prints all state-specific applications, the delivery letter, benefit summary, optional riders, and associated waivers that are needed to issue a policy. **Note:** The actual policy needs to be ordered through the Supply Department (see [Policy Delivery Options](#) section for a complete listing of policy form numbers).
- **Store customer information** - so you can solicit them for an additional Short Term Medical plan, if needed, or other health products.
- **Generate rewrite letters** - letters can be personalized with your agency information in a matter of minutes.

The Short Term Medical proposal software can be downloaded from the Assurant Health Sales Web site at www.assuranthealthsales.com. Simply login, from the top grey navigation bar click on Specialty Products, then from the left navigation click on Software.

Helpful Tips

1. **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'.
2. **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 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).
3. **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.

4. **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.
5. **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'.
6. **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 three 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.
- Login to the sales web site. From the top navigation bar click on **Help Me Sell**. Then, click on **My Sales Links**. The web site will provide you with an overview of the program and step-by-step instructions on how to access your sales link.

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.
- Login to the sales web site. From the top navigation bar click on **Help Me Sell**. Then, click on **My Web Page**. 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.

www.stminsurace.com

If you do not have a web site, you can still experience the financial gain and ease of online Short Term Medical sales. Through this web site, clients can obtain product information, get quotes and apply online all in a matter of minutes.

How the program works

- Instruct your clients to visit www.stminsurace.com.

- Have your clients enter your 14-digit writing agent number on the “Get a Quote” screen to ensure you receive credit for the sale.

All three 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 is the easiest health insurance product 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.
- **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 Specialty Products in the top grey navigation bar then from the left navigation, 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

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 30th 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 web site
- Problems logging into the www.assuranthealthsales.com web site
- Need assistance with any of the Internet Sales Programs - My Sales Link, My Web Page or www.stminsurace.com