

Temporary Health Insurance

30-185 Days

California

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

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

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

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

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

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

* Based on 2001 Fortis Health Short Term Medical claims.

Here's How The Plan Works

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

For additional savings - You can reduce your medical bills by using the doctors and hospitals participating in PHCS Healthy Directions. Simply call PHCS 1-800-357-6847 or visit them on the web at www.phcs.com, click on the Healthy Directions icon to verify that your doctor or hospital is part of the PHCS Network. Then present the letter provided by your agent or your medical identification card with the PHCS logo on it at time of service and your provider will bill you at the reduced PPO network rate for services.

- Deductible choices:
\$250, \$500, \$1,000 or \$2,500

- Rate of payment options:
80/20 to \$5,000 or 50/50 to \$5,000
- Length of coverage options: 30-185 days

Benefits are paid as follows:

First: You pay the deductible for each covered person.

Then: Once the deductible is satisfied, we pay either 80% or 50% of the next \$5,000 of covered expenses, depending on the rate of payment you selected. You pay the remaining 20% or 50%

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

Who Is Eligible For This Plan?

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

Plan Highlights

- \$2 million coverage maximum per policy period
- Freedom to choose your own doctors and hospitals
- Prescription drug coverage
- Excellent in-hospital and outpatient benefits
- Semiprivate room and board
- Intensive care
- Lab and x-ray
- Ambulance service
- Managed care/pre-authorization procedure
- Maximum family deductible equal to three times your individual deductible amount
- Maximum family premium capped at three dependents regardless of the number of dependent children
- Extension of Benefits* — up to 12 months if totally disabled
- Extension of Benefits Plus* — 60 day/\$1,000 benefit for non-disabling conditions
- No association fees

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

Plan Exclusions

This Short Term Medical plan is a temporary plan of insurance and does not cover: pre-existing conditions*; intentionally self-inflicted injury; free services; services covered by Worker's Compensation or Occupational Disease laws; dental treatment; eyeglasses, contact lenses, hearing aids, eye exams; routine physical exams and immunizations; normal pregnancy or childbirth, routine well child care; sterilization, treatment for infertility, genetic testing or counseling; weight reduction or weight control programs and related surgery, medication to stimulate growth; mental disorders, mental illness or substance abuse except as may



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John Alden is a
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be provided by an Amendment Rider; treatment for learning disorders or disabilities; removal of tonsils or adenoids; custodial care; repairs or replacement to prosthetic devices; cosmetic treatment or reconstructive or plastic surgery that is primarily a cosmetic procedure; expenses incurred outside the United States its possessions or Canada; experimental investigative treatment. Other exclusions as well as other covered services are listed in detail in the policy or certificate you will receive when you purchase Short Term Medical.

* Pre-existing Condition: A Sickness, Injury, disease or physical condition: for which the Covered Person received medical treatment or advice from a Physician within the 6 month period immediately preceding the Effective Date of Coverage

Choose From Two Convenient Payment Options

We make paying for your policy easy by offering two convenient payment options.

The single payment option is ideal if you know the exact number of days coverage is needed. The minimum number of days you may apply for is 30 and the maximum is 185.

The monthly payment option is ideal if you are unsure how long you need coverage. This “pay as you go” option gives you the flexibility to continue coverage for as long as it’s needed (up to 185 days) or simply stop payments and discontinue the plan once your temporary need ends.

- If you pay your initial premium by Mastercard or Visa each additional 30 days of coverage will be automatically charged to your credit card for up to 185 days of coverage.
- If you pay your initial premium by check or Discover card shortly after you receive your contract, Fortis Insurance Company will send you payment coupons. Each coupon is for an additional 30 days of coverage.

Premium Refunds

If you are not 100 percent satisfied with the plan, you may return the contract and identification cards within 10 days of delivery for a premium refund.

No questions asked!

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

When Does Your Coverage Begin?

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

- Your enrollment form and the full premium payment are received by your agent or Fortis Health;
- Your answers on the enrollment form are complete and meet the requirements for acceptance.

* If the envelope containing your enrollment form is not postmarked by the U.S. Postal Service, or if the postmark is not legible, the certificate date will be the later of: a) your requested date; or b) two days prior to the date the enrollment form is received by mail by your agent or Fortis Health.

Authorization Is Required For Certain Services

Fortis Health uses an authorization service which ensures that you and your family receive the most appropriate and cost effective care available. The authorization process must

be followed in its entirety to receive maximum benefits. This process is explained in detail for you in your certificate. Benefits for unauthorized services of otherwise covered expenses will be reduced. No benefits will be paid for a transplant if the procedure was not authorized prior to the beginning of the donor search and selection.

Can A Second Plan Be Purchased?

Our Short Term Medical plan is non-renewable. However, if your temporary need continues beyond your certificate period, you may apply for one additional plan under the following circumstances:

- No claims were incurred under a previous Short Term Medical plan;
- There has been no significant change in health;
- The total days of coverage for all plans does not exceed 365 days.

To obtain a second plan, you must complete a new enrollment form. If a second enrollment form is approved, a new plan will be issued. Please Note: There is no continuous coverage between the original and second plan. Any condition or symptom which may have occurred under the first plan will be treated as a preexisting condition under the second plan and therefore will not be covered.

Apply Now!

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

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

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

Premium Calculation Instructions		
Please refer to rate charts and zip code factor table on next panel.		
Step 1. Choose a payment option - single or monthly.	SINGLE PAYMENT	MONTHLY PAYMENT
Step 2. List each applicant's rate. Rate chart is set up by age and deductible.*		
a) Applicant rate		
b) Spouse rate.....	+ _____	+ _____
c) Child(ren) rate	+ _____	+ _____
Subtotal	= _____	= _____
Step 3. Enter the number of days of coverage.	X _____ <i>Minimum is 30 days, maximum is 185 days.</i>	X <u>35</u> <i>Your subsequent monthly payments will be less.†</i>
Subtotal	= _____	= _____
Step 4. Monthly factor.....	N/A	X <u>1.2</u>
Subtotal	= _____	= _____
Step 5. Enter Zip Code factor. Table is located on next panel.	X _____	X _____
Subtotal	= _____	= _____
Step 6. Rate of Payment 80/20 enter 1.00 50/50 enter .80*	X _____	X _____
Subtotal	= _____	= _____
Step 7. Application fee..... <i>(non-refundable)</i>	+ <u>20.00</u> one time fee only	+ <u>20.00**</u> one time fee only
TOTAL	= _____	= _____
Enter this amount on the application in the box marked TOTAL		
◆ Choose one deductible amount per policy † To determine future months premium, repeat steps 1 - 6 using 30 days. * Not available in Oklahoma. ** application fee added to first month's premium only.		

Rate Chart								
Age	\$250 Ded.		\$500 Ded.		\$1,000 Ded.		\$2,500 Ded.	
	M	F	M	F	M	F	M	F
0-24	1.90	2.20	1.60	1.80	1.20	1.30	1.00	1.10
25-29	2.10	2.60	1.60	1.90	1.20	1.40	1.00	1.10
30-34	2.20	3.00	1.80	2.40	1.20	1.70	1.00	1.40
35-39	2.80	3.50	2.20	2.80	1.50	2.00	1.20	1.60
40-44	3.20	3.80	2.70	3.10	1.90	2.30	1.60	1.80
45-49	3.90	4.40	3.10	3.60	2.50	2.80	1.90	2.20
50-54	5.20	5.20	4.20	4.20	3.30	3.10	2.60	2.50
55-59	7.00	6.50	5.90	5.30	4.40	4.00	3.50	3.20
60-64	10.40	7.70	8.30	6.10	6.30	4.60	5.00	3.60
1 Child	1.30		1.00		0.80		0.40	
2 Children	2.50		1.90		1.50		0.80	
3+ Children	3.50		2.70		2.20		1.10	

Find the first three digits of your resident address ZIP code in the STATE/ZIP CODE column. Locate the multiplication factor in the FACTOR column. If your specific ZIP code is not shown, use the other factor. ZIP codes shown together are inclusive. (Example: 350-352 includes 350, 351 and 352.)

STATE/ZIP	FACTOR
CA	
919, 920-921, 932-939	1.10
922-931, 940, 942-945, 948-949.....	1.20
908-917, 946-947	1.50
900-907, 918.....	1.80
All other California zip codes.....	1.00

ZIP Code Factor Table

A Powerful Force Working For You

Fortis Health provides solutions for customers' health care needs by offering a wide array of individual, small group and specialty health insurance products. The specialty medical products include student insurance and a market-leading short term medical plan. Fortis Health includes health insurance products issued and underwritten by Fortis Insurance Company and John Alden Life Insurance Company of Milwaukee, Wisconsin and Fortis Benefits Insurance Company of Kansas City, Missouri.

Fortis Health is part of Fortis, Inc., a financial services company that, through its operating companies and affiliates, provides specialty insurance and investment products to businesses, associations, financial service organizations and individuals in the U.S. Fortis, Inc. is part of the international Fortis group, which operates in the fields of insurance, banking and investments. Fortis is jointly owned by Fortis (NL) N.V. of The Netherlands and Fortis (B) of Belgium.

IMPORTANT NOTICE REGARDING EMPLOYER PAYMENT

Due to insurance laws in California, applicants who work for a small employer (a firm of 50 or less eligible employees) must use personal funds to pay for Short Term Medical coverage. Fortis Health will not accept premiums paid by a small employer nor applications that were offered by a small employer to an employee.

Short Term Medical Enrollment Form

California

CERTIFICATE DATE

YEAR	MONTH	DAY
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**SHORT TERM MEDICAL
ENROLLMENT FORM
THE CERTIFICATE IS NOT RENEWABLE**



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

California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

Answer the following questions completely and accurately.

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 1. Do you or any person to be insured have any hospital, major medical, group health, or medical insurance coverage in force that will not terminate prior to the effective date of this coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| a) If yes, will this policy replace such coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) If yes, when will existing coverage expire? _____/_____/_____ | | |
| 2. Have you, or any person to be insured been declined for insurance due to health reasons? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you, your spouse, or any dependent, now pregnant? Is anyone not named on this application pregnant by any person to be insured? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In the past 15 days, have you or any person to be insured: taken prescription medication for any medical condition, been seen by a member of the medical profession for a medical condition, or been hospital confined? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In the past 12 months, have you or any person to be insured: been recommended to have or been scheduled for diagnostic testing, treatment or surgery that has not been completed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Within the last five 5 years, have you, your spouse or any dependent to be covered, ever received any medical or surgical consultation, advice, or treatment including medication for: heart or circulatory system disorder including heart attack or chest pain; stroke; diabetes; cancer or tumor; alcoholism or alcohol abuse; drug abuse or chemical dependency? | <input type="checkbox"/> | <input type="checkbox"/> |

Note: The plan cannot take effect prior to the termination date of existing coverage, or cannot be issued if YES is answered on any questions, 2-6. Under no circumstances can coverage become effective prior to the date this enrollment form is signed.

<input type="checkbox"/> MONTHLY 35 days or for initial payment	<input type="checkbox"/> SINGLE PAY 30-185 Days indicate number of days applying for	<input type="checkbox"/> DEDUCTIBLE AMT. \$250 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$2,500	<input type="checkbox"/> RATE OF PAYMENT AFTER DEDUCTIBLE 80/20 to \$5,000 — Major Medical Plan <input type="checkbox"/> 50/50 to \$5,000 — Limited Benefit Health Plan	<input type="checkbox"/> TOTAL PREMIUM
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The undersigned enrollee and the agent acknowledge that the enrollee has read, or has had read to him, the completed enrollment form. The enrollee realizes that any false statement or misrepresentation in the enrollment form may result in claim denial or contract rescission. The enrollee understands that any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an enrollment form or files a claim containing a false or deceptive statement is guilty of insurance fraud. The enrollee understands that the certificate applied for will not pay benefits for any expenses incurred on account of any condition which manifested itself before the effective date. The enrollee also understands that this is not a continuation of any previous medical plan, including any prior Short Term Medical plan. The enrollee adopts and subscribes to the agreement and declaration of the trust.

_____	()	()
INSURED'S SIGNATURE	DAY TELEPHONE	NIGHT TELEPHONE
_____	_____	_____
DATED AT	DATE	
_____	_____	_____
LICENSED AGENT'S SIGNATURE	LICENSED AGENT NAME (PLEASE PRINT)	AGENT NUMBER

Payment Method: Check or Discover VISA/MASTERCARD

- When selecting monthly payment with Visa/Mastercard: I authorize Fortis Insurance Company to charge my credit card each month, for the Short Term Medical policy listed above, until the end of the policy or I request cancellation. I understand I can request the charge be stopped if I notify Fortis Insurance Company 7 days in advance of the charge occurring. I also understand there will be no refund of premium after the 10-day free look period in the contract.
- When selecting a single payment or Discover Card: I authorize Fortis Insurance Company to charge my credit card for the Short Term Medical policy listed above. I understand there will be no refund of premium after the 10-day free look period in the contract.

Card Number _____ Expiration Date _____ / _____ Authorized Amount _____

Signature of Cardholder _____ Date _____

John Alden Agent ID# Timothy Holt G3231 North Star Marketing Rep Name: Chris Roames Rep. # 711

Send completed application to: North Star Marketing 1160 Town Center Dr. Suite 260 Las Vegas, NV 89144