

The "YOU" in United Security

You may be young or in good health, but no one is invincible. Accidents happen. And they don't wait until you have the financial resources to combat them. If you are in need of a temporary solution for health insurance, make sure you have low cost coverage to fill the gap. **Short Term Medical** from United Security Life and Health provides you with the temporary coverage needed to prevent an unexpected threat to your health from becoming a financially-crippling incident as well.



Short-Term Medical is the Perfect Solution for:

- ✓ Recent college graduates
- ✓ Individuals waiting for group coverage
- ✓ Temporary or seasonal workers
- ✓ Individuals between jobs or laid off
- ✓ Recent military discharges
- ✓ Retired and waiting for Medicare coverage

Who's Eligible for Short Term Medical?

- Individuals between the ages of 30 days and 64 years, 6 months.
- Dependent children through age 18 (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 at the time of application, with proof of Alien Registration Receipt Card, visa or other appropriate documentation.



The "US" in United Security

United Security Life and Health Insurance Company is a life and health insurer that specializes in providing coverage to individuals and families. Our products, friendly service, and decades of experience in creating products for people like you help to distinguish us from our competitors.

Limitations & Exclusions

What Short Term Medical Does Not Cover

The USL&H **Short Term Medical** plan does not cover: pre-existing conditions* (including those not listed on the Application); preventative or wellness doctor visits; dental or optical treatments; routine physical exams; normal pregnancy or childbirth; well child care; inter-scholastic and intercollegiate sports injuries; expenses incurred outside the United States, its possessions, territories or Canada, unless otherwise indicated. **Other exclusions are listed in detail in the Certificate you will receive when you purchase the plan.**

*Pre-existing Condition: A medical condition due to sickness or injury for which the insured received medical treatment or advice from a provider within the 24 month 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 12 month period immediately preceding the effective date of coverage, which should have caused an ordinarily prudent person to seek diagnosis or treatment.



IMPORTANT NOTE

The information shown in this brochure and in any accompanying literature is not intended to provide full details of USL&H plans and may change at the discretion of USL&H. Complete terms of coverage are outlined in the Certificate and set forth in the applicable insurance Policy. In applying for coverage, the primary insured agrees to be bound by the Certificate. The benefits described in this brochure and any accompanying literature are the standard benefits offered by USL&H. Policy provisions vary in some states.

Short Term Major Medical Insurance

Effective Next Day

\$2 Million Lifetime Maximum

Visit Any Doctor, Any Hospital

Prescription Drugs Covered

Get a free quote and apply online at
www.unitedsecuritylandh.com
and we'll waive the
\$25.00
application fee!

*Always the perfect fit
for your temporary
health insurance needs*



Marketed by:



Plan Highlights

- ✓ \$2 million lifetime maximum
- ✓ Visit any doctor/any hospital
- ✓ Prescription drug coverage
- ✓ Effective as early as next day
- ✓ Limited benefits while outside the U.S.

What Short Term Medical Covers

- Hospital semi-private room and board and intensive care charges
- Hospital outpatient charges
- Skilled nursing facility care
- Other miscellaneous hospital and health care practitioner services
- Prescription drugs
- Miscellaneous diagnostic services and medical supplies
- Rehabilitation programs
- Organ transplants
- Durable medical equipment & supplies
- Home health care
- Physical medicine services
- X-ray & laboratory services

Some plan benefits may not be available in all states. Contact your agent to review a copy of the Certificate of Coverage. Your state's benefits are also detailed in the Certificate of Insurance you will receive when you purchase the plan.

When Short Term Medical Pays

Before the **Short Term Medical** plan pays any benefits, you must pay the deductible you selected for your policy (\$500, \$1,000, \$2,500 or \$5,000). After your deductible has been satisfied, the **Short Term Medical** plan will pay 80% of the next \$10,000 of covered expenses. After that, **Short Term Medical** will pay 100% of covered expenses up to \$2,000,000 per insured. In other words, the most you will ever pay out-of-pocket on covered expenses will be your deductible, plus \$2,000.

Individual Plan

Your Deductible	+ 20% of Next \$10,000	= Maximum Out-of-Pocket
\$ 500	\$2,000	\$2,500
\$1,000	\$2,000	\$3,000
\$2,500	\$2,000	\$4,500
\$5,000	\$2,000	\$7,000

The above chart shows the most you will ever pay per person, per period (excluding premium payments), based on your deductible and eligible expenses.

The maximum number of deductibles to be met on a Family Plan is three, regardless of the total number of insureds.

When Coverage Begins

Provided that your Application is complete, meets the requirements for acceptance and the full initial premium is received, your coverage will begin at 12:01 a.m. the day of your approved Effective Date. Your approved Effective Date will be the later of:

- a) 12:01 a.m. on the day following the postmark date stamped on the application envelope addressed to USL&H;
- b) 12:01 a.m. on the requested Effective Date; or
- c) the date following the date we receive your electronic/faxed application in our Home Office.

When Coverage Ends

Your coverage ends the earlier of:

- a) 11:59 p.m. Standard Time on the last day of the Benefit Period *or*
- b) the date you become eligible for Medicare *or*
- c) the date your coverage is terminated due to non-payment or a cancellation request.

Extension of Benefits

Your coverage may be extended for up to 60 days beyond the Benefit Period for certain sicknesses or injuries that began while the policy was in force. The Extension of Benefits provision is subject to the Deductible, the Lifetime Maximum Benefit and all other terms, limits and conditions of the Policy.

Applying for a Second Short Term Medical Plan

The **Short Term Medical** plan is Not Renewable. If your temporary need continues beyond your policy term, you may apply for a new plan as long as no claims were incurred under a previous USL&H **Short Term Medical** plan and there has been no significant change in your health. The **Short Term Medical** plan is not designed to cover pre-existing conditions nor does it provide continuous coverage from term to term. Any medical condition that began while the applicant was insured during a previous term on a USL&H **Short Term Medical** plan policy, will not be covered under a new plan.

While use of network providers is not required in this plan, you can maximize your benefits and save money by receiving your healthcare from a provider in the PHCS PPO Network. To find out if your provider is a member of the network, visit www.multiplan.com.

It's Easy – Three Strikes You're In

You can make several choices to ensure the plan is tailored to your needs. Read your choices below and put a strike through the best option for you. When you have completed your three selections, you have all the information you need to apply for coverage.

1. Payment Options: Single Pay vs. Monthly

- Single Pay** – If you are interested in saving money on your premium, know how long you will need coverage, and have the money to pay up front – choose the single payment option. We accept single payments by credit card, check or one-time bank draft. The single premium payment is non-refundable.
- Monthly Pay** – If you aren't exactly sure how long you will need temporary medical coverage, or enjoy the flexibility of spreading out your payments – choose our monthly pay option. With monthly pay, you have the option to cancel coverage, but you must request cancellation to USL&H in writing at least 7 business days before your payment due date to ensure that you are not charged the following month's premium. Your coverage will then remain in force up to the paid-to-date. Premiums will not be refunded.

2. Length of Coverage: 1 month – 6 months

If you aren't sure exactly how long you will need coverage, apply for a longer coverage period just to be safe. You can cancel coverage at any time if you select our monthly pay option. Mark your selection below.

- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months

3. Deductible Amounts: \$500, \$1,000, \$2,500 or 5,000

Select the deductible that's best for you:

- \$500 Deductible** – If you can afford a slightly higher premium rate, you can set yourself up for a lower out-of-pocket expense should an accident or illness occur.
- \$1,000 Deductible** – This option still keeps out-of-pocket expenses reasonable while lowering your premium rate.
- \$2,500 Deductible** – The most common option that provides you coverage at a great premium rate.
- \$5,000 Deductible** – The best option for low cost coverage needed in case of major accident or illness.

That was easy! So is obtaining a quote and applying for coverage.

Open brochure here to apply.
Or, get a free quote & submit your information electronically at www.unitedsecuritylandh.com.

PRIMARY INSURED & SPOUSE ILLINOIS MONTHLY BASE RATES				
Chart 1 – Zip Codes 600 - 605				
Age	Deductible			
	\$500	\$1,000	\$2,500	\$5,000
0 - 14	\$ 64.12	\$ 59.85	\$ 53.43	\$ 46.49
15 - 19	\$ 85.49	\$ 79.79	\$ 71.25	\$ 61.98
20 - 24	\$ 78.37	\$ 73.15	\$ 65.31	\$ 56.82
25 - 29	\$ 64.12	\$ 59.85	\$ 53.43	\$ 46.49
30 - 34	\$ 71.25	\$ 66.50	\$ 59.37	\$ 51.65
35 - 39	\$ 85.49	\$ 79.79	\$ 71.25	\$ 61.98
40 - 44	\$ 99.74	\$ 93.09	\$ 83.12	\$ 72.31
45 - 49	\$121.56	\$113.46	\$101.30	\$ 88.13
50 - 54	\$170.99	\$159.59	\$142.49	\$123.97
55 - 59	\$221.31	\$206.55	\$184.42	\$160.45
60 - 64	\$342.42	\$319.60	\$285.35	\$248.26
Per Dpndt	\$ 36.07	\$ 33.66	\$ 30.06	\$ 26.15

PRIMARY INSURED & SPOUSE ILLINOIS MONTHLY BASE RATES				
Chart 2 – Zip Codes 606 - 608				
Age	Deductible			
	\$500	\$1,000	\$2,500	\$5,000
0 - 14	\$ 68.61	\$ 64.04	\$ 57.17	\$ 49.74
15 - 19	\$ 91.48	\$ 85.38	\$ 76.23	\$ 66.32
20 - 24	\$ 83.86	\$ 78.27	\$ 69.88	\$ 60.80
25 - 29	\$ 68.61	\$ 64.04	\$ 57.17	\$ 49.74
30 - 34	\$ 76.23	\$ 71.15	\$ 63.53	\$ 55.27
35 - 39	\$ 91.48	\$ 85.38	\$ 76.23	\$ 66.32
40 - 44	\$106.73	\$ 99.61	\$ 88.94	\$ 77.38
45 - 49	\$130.07	\$121.40	\$108.39	\$ 94.30
50 - 54	\$182.96	\$170.76	\$152.47	\$132.64
55 - 59	\$236.80	\$221.01	\$197.33	\$171.68
60 - 64	\$366.39	\$341.97	\$305.33	\$265.63
Per Dpndt	\$ 38.59	\$ 36.02	\$ 32.16	\$ 27.98

PRIMARY INSURED & SPOUSE ILLINOIS MONTHLY BASE RATES				
Chart 3 – All Zip Codes Except 600 - 605, 606 - 608				
Age	Deductible			
	\$500	\$1,000	\$2,500	\$5,000
0 - 14	\$ 50.66	\$ 47.28	\$ 42.21	\$ 36.73
15 - 19	\$ 67.54	\$ 63.04	\$ 56.28	\$ 48.97
20 - 24	\$ 61.91	\$ 57.78	\$ 51.59	\$ 44.89
25 - 29	\$ 50.66	\$ 47.28	\$ 42.21	\$ 36.73
30 - 34	\$ 56.28	\$ 52.53	\$ 46.90	\$ 40.81
35 - 39	\$ 67.54	\$ 63.04	\$ 56.28	\$ 48.97
40 - 44	\$ 78.80	\$ 73.54	\$ 65.66	\$ 57.13
45 - 49	\$ 96.03	\$ 89.63	\$ 80.03	\$ 69.62
50 - 54	\$135.08	\$126.08	\$112.57	\$ 97.93
55 - 59	\$174.83	\$163.18	\$145.69	\$126.75
60 - 64	\$270.51	\$252.48	\$225.43	\$196.12
Per Dpndt	\$ 28.49	\$ 26.59	\$ 23.74	\$ 20.66

How to Apply

1. Calculate your premium using the charts to the left and Premium Calculation Instructions below.
2. Complete all information on the application. If you have questions about which plan options to select, see the **Build Your Plan Here** section on the opposite side of this panel.
3. Sign and date the application. Mail the application **with your form of payment** to United Security Life and Health, 6640 South Cicero Avenue, Attention: New Business Department, Bedford Park, IL 60638.

If you have any questions, please contact the agent listed on your brochure or United Security Life and Health at **800-875-4422**.

Premium Calculation Instructions		
Step 1. Choose Payment Option Single or Monthly	SINGLE PAYMENT (Credit Card, PAC or Check Accepted)	MONTHLY PAYMENT (Credit Card or PAC only)
Step 2. Determine Monthly Base Rate From the chart(s) provided to the left, determine the monthly base rate for all insureds. The rate chart is set up by age, deductible† and zip code. Primary Insured Base Rate..... _____ Spouse Base Rate + _____ Dependent 1 Base Rate..... + _____ Dependent 2 Base Rate..... + _____ Dependent 3 Base Rate..... + _____ YOUR TOTAL MONTHLY BASE RATE = _____		
YOUR MONTHLY PAYMENT FACTOR =	× 1.00	× 1.25
Step 3. Determine Adjusted Monthly Base Rate Multiply Your Total Monthly Base Rate by Your Monthly Payment Factor to get your ADJUSTED MONTHLY BASE RATE = _____		
Step 4. Determine Monthly Premium Rate a) If you selected the \$500 deductible option , multiply Your Adjusted Monthly Base Rate by 1.10 to get YOUR MONTHLY PREMIUM RATE = _____ OR b) If you selected the \$1,000, \$2,500 or \$5,000 deductible option, DO NOT MULTIPLY BY 1.10. Simply re-enter your Adjusted Monthly Base Rate as YOUR MONTHLY PREMIUM RATE = _____	× 1.10	× 1.10
Step 5. Multiply Months for Single Pay For single payments, multiply your Monthly Premium Rate by the number of months (1-6) you wish to be covered. CUMULATIVE PREMIUM RATE = _____	× _____ # of Months	
Step 6. Determine Total Premium Due For single payments, add Application Fee to Your Cumulative Premium Rate to determine your Total Premium Due to activate your policy. For monthly payments, add Application Fee to Your Monthly Premium Rate to determine your Total Premium Due to activate your policy. TOTAL PREMIUM DUE = _____	+ \$25.00 Application Fee	+ \$25.00* Application Fee

† Choose only one deductible amount per policy.

* Application Fee is added to the first month's premium only. Application Fee is waived when applying online at www.unitedsecuritylandh.com

United Security Life and Health Insurance Company – Short Term Medical Application – Illinois

Step 1: Applicant Information

Anyone applying for coverage must be between 30 days old and 64 years, 6 months old.

Applicant's Name (incl. Maiden Name) _____ Date of Birth _____ Sex _____ SSN _____

Uninsured Applicant

Address _____ City _____ State _____ Zip _____

Daytime Phone Number _____ Cell Phone Number _____ Applicant's E-mail Address _____

Spouse's Name (incl. Maiden Name) _____ Date of Birth _____ Sex _____ SSN _____

Child's Name _____ Date of Birth _____ Sex _____ SSN _____ Full-Time Student? (Y/N) _____

Child's Name _____ Date of Birth _____ Sex _____ SSN _____ Full-Time Student? (Y/N) _____

Child's Name _____ Date of Birth _____ Sex _____ SSN _____ Full-Time Student? (Y/N) _____

Has anyone applying for coverage previously applied for insurance with USL&H?
 Yes No

If YES, provide the certificate # below:

Is everyone to be insured a U.S. citizen or a foreign resident legally living in the United States for at least 1 year?
 YES NO

(If NO, submit a copy of your Alien Registration Receipt Card or "Green Card.")

Step 2: Choose Plan Options

Coverage Effective Date:

- Day after US Post Stamp Date (metered mail not accepted)
 Later Effective Date: _____ (1st – 28th only)

Effective Date is assigned by USL&H. Effective Date is later of; a) 12:01 a.m. on the day following the postmark date stamped on the application envelope addressed to USL&H; b) 12:01 a.m. on the requested Effective Date; or c) the date following the date we receive your electronic/ faxed application in our Home Office. The agent cannot assign or change the Effective Date.

Deductible:

- \$500
 \$1,000
 \$2,500
 \$5,000

Benefit Period:

(Circle # of months)
1 2 3 4 5 6

Optional Riders (Additional Premium Required)

I hereby select these optional benefits:

- Mental Illness Disorders

Step 3: Medical Questions

If you answer "YES" to any question in this section, coverage cannot be issued.

- Have/Are you, your spouse, or any person to be insured:
 - Been denied insurance due to any health reasons that are still present? YES NO
 - Over 300 lbs. if male, or over 250 lbs. if female? YES NO
 - Now pregnant, an expectant parent, in the process of adopting a child or undergoing infertility treatment?... YES NO
- Have you or any person to be insured been advised by a health care practitioner or medical professional to have surgery, treatment, testing or hospitalization and not done so? YES NO
- Do you or any person to be insured have any hospital, major medical, group health, government or medical insurance coverage that will not terminate prior to the effective date of this coverage? YES NO
- Have you or any person to be insured ever been diagnosed or received treatment by a health care practitioner or medical professional for acquired immune deficiency syndrome(AIDS) or AIDS-related complex(ARC), or tested positive for HIV virus (ELISA or Western Blot), or any other immune system disease or disorder? YES NO
- Within the last 5 years, have you or any person to be insured been aware of or received medical or surgical advice or treatment for, had any abnormal test results, taken medication for, or consulted a health care practitioner or medical professional for:
 - Kidney disorder (excluding kidney stones) or liver disorder? YES NO
 - Diabetes? YES NO
 - Cancer or Tumors? YES NO
 - Emphysema or COPD? YES NO
 - Crohn's Disease? YES NO
 - Alcoholism, Chemical Dependency, Drug or Alcohol Abuse? YES NO
 - Ulcerative colitis, degenerative disc disease, herniated disc or degenerative joint disease of the knees or hips? YES NO
 - Heart or circulatory disease or disorder including but not limited to heart attack, chest pain or stroke? YES NO

Authorization Section PLEASE READ, SIGN, AND DATE: To the best of my knowledge and belief, I have read the application and represent that the information shown is true and complete. I understand that 1) the Certificate or Policy applied for will not pay benefits for any expense incurred on the account of any pre-existing conditions, in accordance with the terms of the contract; 2) this plan is not a continuation of any previous medical plan, including any prior Short Term Medical policy; 3) the insurance, if approved, will become effective the later of; a) 12:01 a.m. on the day following the postmark date on the application envelope addressed to USL&H; b) 12:01 a.m. on the requested Effective Date; or c) the date following the date we receive your electronic application request in our Home Office. I also understand that the coverage may be rescinded, meaning coverage will be void and no claims paid, for any false or misleading information on this application. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

Signature of Applicant	Date
Signature of Spouse (if applying)	Date
Signature of Dependent (if 18 yrs. or older)	Date

Step 4: Payment Information

Reminder: The \$25 application fee is non-refundable.

- Circle a Payment Frequency: Single Payment Monthly Payment
Monthly Payments must select Credit Card or PAC as Payment Method. Checks not accepted.
- Circle a Payment Method: MasterCard Visa Discover Check PAC
If PAC payment method is selected, PLEASE ATTACH A COPY OF A VOIDED CHECK.
- Authorization
 - When selecting the single payment option with MasterCard/Visa/Discover or PAC:**
I authorize USL&H to charge my account for the Short Term Medical policy listed above.
 - When selecting the monthly payment option with MasterCard/Visa/Discover or PAC:**
I authorize USL&H to charge my account each month for the Short Term Medical policy listed above, until the end of the policy or until I request the cancellation in writing. I understand I can request the charge be stopped if I notify USL&H 7 days in advance of the charge occurring.

_____ / _____ \$ _____
Credit Card # Exp. Date Authorized Amount (Total Premium Due)

Step 5: Agent Information

Agent Statement: I certify that I have truly and accurately recorded the information given to me by the applicant.

Agent Name	Agent ID#
Address _____	City _____ State _____ Zip _____
Daytime Phone Number _____	Fax Number _____
E-mail Address _____	Agent's Signature _____