



# Accident ExpenseGuard

## Accidental Injury Insurance

*Supplemental Accident Medical Expense Coverage*

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**This product provides limited benefits.**

**This is an Accident policy that includes Accidental Death & Dismemberment benefits. This is a supplement to health insurance and is not a substitute for major medical coverage. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.**

Golden Rule Insurance Company is the underwriter of these insurance plans.

**Policy Forms APG-GRI-01 (AL), -05 (CO), -09 (FL), -10 (GA), -14 (IA), -17 (LA), -23 (MI), -32 (NC), and -48 (WI)**



This is an outline only and is not intended to serve as a legal interpretation of benefits. Reasonable effort has been made to have this outline represent the intent of contract language. However, the contract language stands alone and the complete terms of the coverage will be determined by the policy. State specific differences may apply. See page 7.

# Why Accident ExpenseGuard?

Because your family, your home,  
and your lifestyle are all affected by:

LOST WAGES FROM  
MISSING WORK

HIGH HEALTH INSURANCE  
DEDUCTIBLES

UNPAID BILLS

MEDICAL EXPENSES NOT  
PAID BY INSURANCE



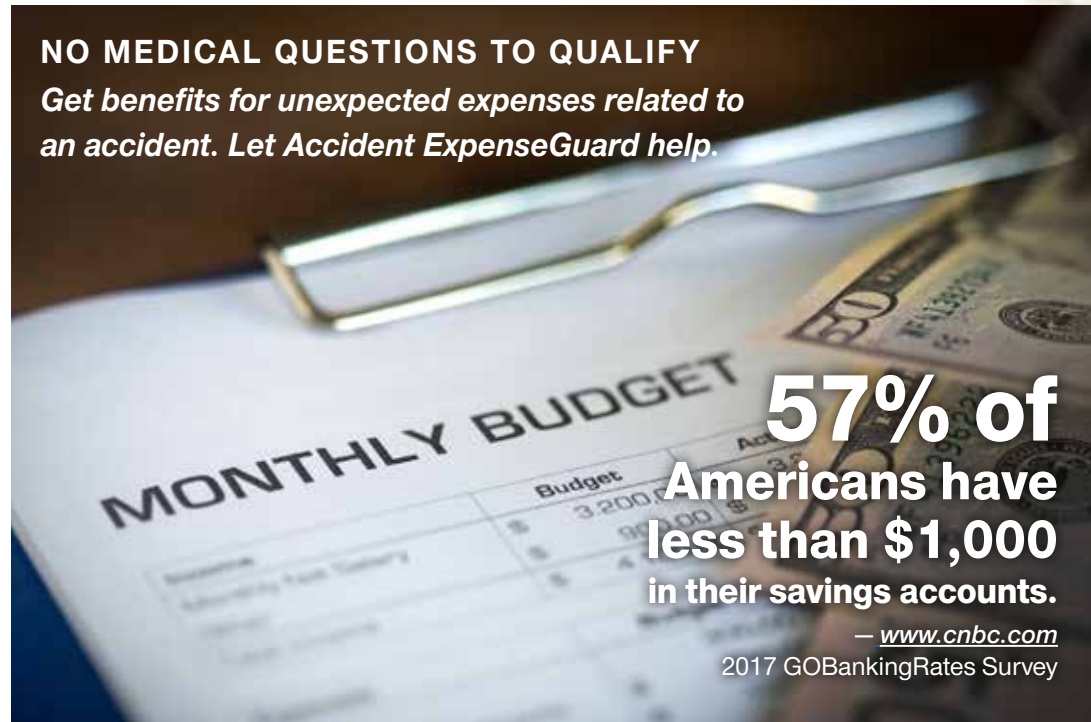
**PROTECT YOUR LIFESTYLE**  
*Missing work due to accidental  
injury can lead to lost wages.  
Accident ExpenseGuard can help.*

## TAKE CARE OF YOUR FAMILY

*A serious injury can affect the whole family.  
Accident ExpenseGuard can help pay medical  
expenses which allows for focus on recovery.*



**NO MEDICAL QUESTIONS TO QUALIFY**  
*Get benefits for unexpected expenses related to  
an accident. Let Accident ExpenseGuard help.*



**57% of  
Americans have  
less than \$1,000  
in their savings accounts.**

— [www.cnn.com](http://www.cnn.com)

2017 GOBankingRates Survey



# What is Accident ExpenseGuard?

Payment for expenses associated with an accident that is made directly to you. These plans are guaranteed issue—select any benefit level without having to answer medical questions.



Choose how much accidental injury coverage you want.

1

### CHOOSE ACCIDENTAL INJURY BENEFIT

This is an annual maximum benefit amount that starts over each year.



2

### AD&D BENEFIT INCLUDED

with every plan. (It is the same as the accidental injury amount).

## NO MEDICAL QUESTIONS TO QUALIFY ACCIDENT EXPENSEGUARD

<b>ACCIDENTAL INJURY DEDUCTIBLE</b> (per covered person, up to 2 per family per calendar year)	You pay:	<b>\$250</b>
<b>ACCIDENTAL INJURY BENEFIT AMOUNT</b> (per covered person, per calendar year)*	We pay up to:	<b>\$5,000, \$7,500, \$10,000, \$15,000 or \$20,000</b>
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT (AD&amp;D) BENEFIT AMOUNT</b> (per covered person, lifetime maximum)	We pay up to:	<b>\$5,000, \$7,500, \$10,000, \$15,000 or \$20,000</b> (Matches Accidental Injury Amount Selected)

\* An Explanation of Benefits (EOB) from other insurance will be used to determine actual charges. If an EOB is not available, covered accident charges will be paid based on Reasonable and Customary charges, as determined by us.





## COVERED SERVICES

# ACCIDENTAL INJURY

Accident ExpenseGuard can pay covered expenses in addition to benefits received from other insurance coverage. Benefits are not based on what other coverage, like health insurance, may pay. The following services or treatments are some of those covered when they are related to an accident:

### TREATMENT WITHIN 48 HOURS

Burns or Lacerations

Diagnosed Concussion

Emergency Room Visit

Urgent Care Center Visit

### TREATMENT WITHIN 30 DAYS

Ambulance

Labs & X-Rays

Anesthesia Services

MRI, CT Scan

Doctor Visits

Prescriptions

Fractures

Prosthetics

Hospital Stay /ICU

Surgery

\* Additional premium required for adding dependents to plan.



**Each year, millions of people are injured and survive.**

— [www.cdc.org](http://www.cdc.org)  
Centers for Disease Control,  
July 2016

### Accidental Injury Example

**\$10,000 Benefit Level**

*While playing outside, Olivia's daughter\* falls off the deck. Olivia calls an ambulance to take her daughter to the hospital where she's treated for a concussion and a broken arm. Though thankful she wasn't hurt worse, Olivia now owes \$8,507 in medical expenses.*

**Total benefit paid to Olivia:**  
(\$8,507 benefit - \$250 deductible)

**\$8,257**



**USE THIS MONEY  
AS YOU SEE FIT**

*Olivia is paid this benefit regardless of benefits paid by other insurance, and she still has \$1,743 of her daughter's accident benefit (as well as \$10,000 of her own accident coverage) left for the year. Benefits start over the following year.*

All reimbursements for covered services apply after a \$250 calendar-year deductible and then are paid up to the calendar-year maximum selected. Details and limits to coverage are listed in the policy.

The people and events depicted here are fictional and do not represent actual cases.





# COVERED DISMEMBERMENT AD&D

The Accidental Death & Dismemberment (AD&D) benefit amount is the same amount as the selected accidental injury benefit amount, so it pays in addition to other injuries resulting from an accident subject to the lifetime maximum.

## % OF BENEFIT PAID AD&D

Death resulting from an accidental injury within 30 days of a covered accident.	100%
Limb - 2+	100%
Loss of two or more hands or feet	100%
Limb - 1	50%
Hand - 1	50%
Foot - 1	50%
Thumb & index finger on same hand	25%



## Why Accident ExpenseGuard?

Because Accident ExpenseGuard combines guaranteed issue accident coverage with AD&D benefits to help prepare for the unexpected.



### A prosthetic limb starts at \$3,000 for an arm and \$5,000 for a leg.

— [www.disabled-world.com](http://www.disabled-world.com)

Disabled World, Published May 2009  
Updated March 2017

### AD&D Example

### \$7,500 Benefit Level

*Jerry doesn't like to talk about that accident that caused him to lose his foot. However, he'll gladly talk about how helpful his Accident ExpenseGuard plan was during that time. He had chosen the \$7,500 Accident benefit level. That \$7,500 and the additional \$3,750 of AD&D coverage helped him meet his hospital and rehab expenses, get a prosthetic foot, and quickly get back to work on his MBA.*

50% of benefit payment for loss of foot: **\$3,750** **USE THIS MONEY AS YOU SEE FIT**

The resulting dismemberment or death from an accident must take place within 30 days of the accident. All benefits are paid to the insured or beneficiary.

The people and events depicted here are fictional and do not represent actual cases.



# Other Details (all insurance plans)

**This is only a general outline of the policy provisions and exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete details in the policy.**

**The products listed in this brochure are currently available in the following states (check for state variations):**

<b>Alabama</b>	<b>Louisiana</b>
<b>Colorado</b>	<b>Mississippi</b>
<b>Florida</b>	<b>North Carolina</b>
<b>Georgia</b>	<b>Wisconsin</b>
<b>Iowa</b>	

## Exclusions and/or Limitations

**No or limited benefits are payable for any loss caused by or resulting from, for, or relating to:**

- Diagnosis or treatment that is not medically necessary.
- Any cerebrovascular accident (stroke).
- Any act of war; intentionally, self-inflicted, bodily harm (whether sane or insane); or participation in a riot.
- Active service in the armed forces or related auxiliaries.
- A covered person being intoxicated or while under the influence of narcotics or controlled substances.
- Any service or confinement related to treatment of therapy for mental disorders or substance abuse.
- Infections of any kind regardless of how contracted.
- Operating a taxi or any other passenger transportation services for wage, compensation or profit.
- Any injury sustained while paid to participate or instruct in: horseback riding, racing or speed testing any non-motorized vehicle/conveyance, skiing or rock or mountain climbing.
- Any injury sustained while participating, demonstrating, guiding, or accompanying others in: sports (semi- or professional or intercollegiate not including intramural sports), parachute jumping, hang gliding, skydiving, bungee jumping, parakiting, racing or speed testing, rodeo sports, or scuba/skin diving (60 or more feet in depth).
- An injury or illness arising out of, or in the course of, employment for wage or profit.
- Experimental or investigational treatment(s).
- Cosmetic treatment.
- Vocational or recreational therapy, vocational rehabilitation, outpatient speech therapy, or occupational therapy.
- Any expenses incurred outside of the United States, except for emergency treatment for a covered person.
- Durable medical equipment.

## No Coordination of Benefits for Accidents

Accident ExpenseGuard pays you benefits even if you have other medical coverage. In order to determine the claim benefit from an accident, you will need to submit an Explanation of Benefits (EOB) with your claim form. The EOB will be used to determine actual charges from the medical provider after adjustments, discounts, or allowances.

## Eligibility

At time of application, the primary insured and spouse must be between 18-64 years of age (renewable to age 70) and eligible children 0-25 years of age (drop off on 26th birthday).

## Misstatement of Age, Gender, or Tobacco Use

If the covered person's age, gender, or use of tobacco has been misstated on the covered person's application for coverage under the policy, any future premiums may be adjusted and past premiums may be refunded or owed to us based on the correct gender or tobacco status.

If a covered person's age has been misstated and we would not have issued coverage for that covered person, we will refund the premium paid minus any benefit amounts paid by us, and coverage would be void from the effective date.

## Notice of Claim

We must receive notice of claim within 30 days of the date the loss began or as soon as reasonably possible.

## Premium

The age, gender, and tobacco class of a covered person and type and level of coverage are some factors that could be used to determine your premium rate. You will be given at least a 31-day notice (or longer if required by your state) of any change in your premium.

We will make no change in your premium solely because of claims made by a covered person under the policy or a change in a covered person's health.

## Reasonable and Customary Definition

We base our Reasonable and Customary charge on the most common charge for similar professional services, medicines, or supplies within the area in which the charge is incurred.



# Other Details (all insurance plans)

**This is only a general outline of the policy provisions and exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete details in the policy.**

**The products listed in this brochure are currently available in the following states (check for state variations):**

Alabama	Louisiana
Colorado	Mississippi
Florida	North Carolina
Georgia	Wisconsin
Iowa	

## Renewability and Termination

The policy is renewable until the earliest of the following:

- The primary insured's 70th birthday or death. If the policy includes dependents, it may be continued after the primary insured's death or 70th birthday:
  - By the spouse, if a covered person
  - Otherwise, by an eligible child who is a covered person;
- Nonpayment of premiums when due;
- The date we receive a request from you to terminate the policy; or
- The date there is fraud or a misrepresentation made by or with the knowledge of a covered person.

## State Variations

### Colorado:

- An eligible dependent includes your civil union partner under Colorado law.
- The Exclusion and Limitation for intentionally self-inflicted bodily harm does not apply to the if the covered person was insane.

**Louisiana:** In the Exclusion and Limitation for an injury incurred as a result of the covered person being intoxicated or while under the influence of narcotics or controlled substances, "or controlled substances" does not apply.

**North Carolina:** The Exclusion and Limitation for a covered person being intoxicated or while under the influence of narcotics or controlled substances does not apply.



## HEALTH PLAN NOTICES OF PRIVACY PRACTICES

### MEDICAL INFORMATION PRIVACY NOTICE (Effective January 1, 2018)

We (including our affiliates listed at the end of this notice) are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or “disclose” that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms “information” or “health information” in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide to you in our next annual distribution, either a revised notice or information about the material change or how to obtain a revised notice. We will provide this information either by direct mail or electronically in accordance with applicable law. In all cases, we will post the revised notice on our websites, such as [www.uhone.com](http://www.uhone.com), [www.myuhone.com](http://www.myuhone.com), [www.myallsavers.com](http://www.myallsavers.com), or [www.myallsaversmember.com](http://www.myallsaversmember.com). We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

We collect and maintain oral, written and electronic information to administer our business and to provide products, services and information of importance to our customers. We maintain physical, electronic and procedural security safeguards in the handling and maintenance of our enrollees’ information, in accordance with applicable state and Federal standards, to protect against risks such as loss, destruction or misuse.

**How We Use or Disclose Information. We must** use and disclose your health information to provide information:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

**We have the right to** use and disclose health information for your treatment, to pay for your health care and operate our business. For example, we may use or disclose your health information:

- **For Payment** of premiums due us, to determine your coverage and to process claims for health care services you receive including for subrogation or coordination of other benefits you may have. For example, we may tell a doctor whether you are eligible for coverage and what percentage of the bill may be covered.
- **For Treatment.** We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.
- **For Health Care Operations.** We may use or disclose health information as necessary

to operate and manage our business activities related to providing and managing your health care coverage. For example, we might conduct or arrange for medical review, legal services, and auditing functions, including fraud and abuse detection or compliance programs. We may also de-identify health information in accordance with applicable laws. After that information is de-identified, the information is no longer subject to this notice and we may use the information for any lawful purpose.

- **To Provide Information on Health Related Programs or Products** such as alternative medical treatments and programs or about health-related products and services.
- **To Plan Sponsors.** If your coverage is through an employer group health plan, we may share summary health information and enrollment and disenrollment information with the plan sponsor. In addition, we may share other health information with the plan sponsor for plan administration if the plan sponsor agrees to special restrictions on its use and disclosure of the information in accordance with Federal law.
- **For Underwriting Purposes.** We may use or disclose your health information for underwriting purposes; however, we will not use or disclose your genetic information for such purposes.
- **For Reminders.** We may use or disclose health information to contact you for appointment reminders with providers who provide medical care to you.

**We may** use or disclose your health information for the following purposes under limited circumstances:

- **As Required by Law.** We may disclose information when required to do so by law.
- **To Persons Involved With Your Care.** We may use or disclose your health information to a person involved in your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object we will use our best judgment to decide if the disclosure is in your best interests. Special rules apply regarding when we may disclose health information to family members and others involved in a deceased individual's care. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.
- **For Public Health Activities** such as reporting disease outbreaks to a public health authority.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities, including a social service or protective service agency.
- **For Health Oversight Activities** such as licensure, governmental audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes** such as providing limited information to locate a missing person or report a crime.
- **To Avoid a Serious Threat to Health or Safety** by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.



- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- **For Workers' Compensation** including disclosures required by state workers' compensation laws that govern job-related injury or illness.
- **For Research Purposes** such as research related to the prevention of disease or disability, if the research study meets Federal privacy law requirements.
- **To Provide Information Regarding Decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For Organ Procurement Purposes.** We may use or disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- **To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **To Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us and pursuant to Federal law, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract and as permitted by Federal law.
- **Additional Restrictions on Use and Disclosure.** Certain Federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information: HIV/AIDS; mental health; genetic tests; alcohol and drug abuse; sexually transmitted diseases and reproductive health information; and child or adult abuse or neglect, including sexual assault.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. This includes, except for limited circumstances allowed by Federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others or using or disclosing your health information for certain promotional communications that are prohibited marketing communications under Federal law, without your written authorization. Once you give us authorization to release your health information, we

cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization, except if we have already acted based on your authorization. To revoke an authorization, call the phone number listed on your health plan ID card.

**What Are Your Rights.** The following are your rights with respect to your health information.

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that may authorize certain restrictions. **Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.**
- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, by sending information to a PO Box instead of your home address). We will accommodate reasonable requests where a disclosure of all or part of your health information otherwise could endanger you. In certain circumstances, we will accept verbal requests to receive confidential communications; however, we may also require you to confirm your request in writing. In addition, any request to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.
- **You have the right to see and obtain a copy** of health information that we maintain about you such as claims and case or medical management records. If we maintain your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you. You can also request that we provide a copy of your information to a third party that you identify. In some cases you may receive a summary of this health information. You must make a written request to inspect and copy your health information or have it sent to a third party. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.
- **You have the right to ask to amend information** we maintain about you such as claims and case or medical management records, if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information: (i) for treatment, payment, and health care operations purposes; (ii) to you or pursuant to your authorization; and (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which Federal law does not require us to provide an accounting.

• **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. In addition, you may obtain a copy of this notice at our websites such as [www.uhone.com](http://www.uhone.com), [www.myuhone.com](http://www.myuhone.com), [www.myallsavers.com](http://www.myallsavers.com), or [www.myallsaversmember.com](http://www.myallsaversmember.com).

• **You have the right to be considered a protected person.** (New Mexico only)  
A “protected person” is a victim of domestic abuse who also is either: (i) an applicant for insurance with us; (ii) a person who is or may be covered by our insurance; or (iii) someone who has a claim for benefits under our insurance.

### Exercising Your Rights

• **Contacting your Health Plan.** If you have any questions about this notice or want to exercise any of your rights, you may contact a UnitedHealthOne Customer Call Center Representative. For Golden Rule members call us at 800-657-8205 (TTY 711). For All Savers members, call us at 1-800-291-2634 (TTY 711).

• **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the address listed below.

• **Submitting a Written Request.** Mail to us your written requests to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records, or requesting amendments to your record at the following address:

• Privacy Manager, 7440 Woodland Drive, Indianapolis, IN 46278-1719

• **You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.** We will not take any action against you for filing a complaint.

**Fair Credit Reporting Act Notice.** In some cases, we may ask a consumer-reporting agency to compile a consumer report, including potentially an investigative consumer report, about you. If we request an investigative consumer report, we will notify you promptly with the name and address of the agency that will furnish the report. You may request in writing to be interviewed as part of the investigation. The agency may retain a copy of the report. The agency may disclose it to other persons as allowed by the Federal Fair Credit Reporting Act.

We may disclose information solely about our transactions or experiences with you to our affiliates.

**MIB.** In conjunction with our membership in MIB, Inc., formerly known as Medical Information Bureau (MIB), we or our reinsurers may make a report of your personal information to MIB. MIB is a not-for-profit organization of life and health insurance companies that operates an information exchange on behalf of its members.

If you submit an application or claim for benefits to another MIB member company for life or health insurance coverage, the MIB, upon request, will supply such company with information regarding you that it has in its file.

If you question the accuracy of information in the MIB’s file, you may seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act.

Contact MIB at: MIB, Inc., 50 Braintree Hill Park Ste. 400, Braintree, MA 02184-8734, 1-866-692-6901, [www.mib.com](http://www.mib.com).

33638-X-0218 Products are either underwritten or administered by: All Savers Insurance Company, All Savers Life Insurance Company of California, Golden Rule Insurance Company, Oxford Health Insurance, Inc., UnitedHealthcare Insurance Company, and/or UnitedHealthcare Life Insurance Company.

### FINANCIAL INFORMATION PRIVACY NOTICE (Effective January 1, 2018)

We (including our affiliates listed at the end of this notice) are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, “personal financial information” means information, other than health information, about an insured or an applicant for coverage that identifies the individual, is not generally publicly available and is collected from the individual or is obtained in connection with providing coverage to the individual.

**Information We Collect.** Depending upon the product or service you have with us, we may collect personal financial information about you from the following sources:

- Information we receive from you on applications or other forms, such as name, address, age, medical information and Social Security number;
- Information about your transactions with us, our affiliates or others, such as premium payment and claims history; and
- Information from a consumer reporting agency.

**Disclosure of Information.** We do not disclose personal financial information about our insureds or former insureds to any third party, except as required or permitted by law. For example, in the course of our general business practices, we may, as permitted by law, disclose any of the personal financial information that we collect about you, without your authorization, to the following types of institutions:

- To our corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors;
- To nonaffiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and
- To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

**We restrict access to personal** financial information about you to employees, affiliates and service providers who are involved in administering your health care coverage or providing services to you. We maintain physical, electronic and procedural safeguards that comply with Federal standards to guard your personal financial information.

**Confidentiality and Security.** We maintain physical, electronic and procedural safeguards, in accordance with applicable state and Federal standards, to protect your personal financial information against risks such as loss, destruction or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your personal financial information.

**Questions About this Notice.** If you have any questions about this notice, you may contact a UnitedHealthOne Customer Call Center Representative. For Golden Rule members call us at 800-657-8205 (TTY 711). For All Savers members, call us at 1-800-291-2634 (TTY 711).

The Notice of Privacy Practices, effective January 1, 2018, is provided on behalf of All Savers Insurance Company; All Savers Life Insurance Company of California; Golden Rule Insurance Company; Oxford Health Insurance, Inc.; UnitedHealthcare Insurance Company; and UnitedHealthcare Life Insurance Company.

To obtain an authorization to release your personal information to another party, please go to the appropriate website listed in this Notice.

## Conditions Prior To Coverage (Applicable with or without the Conditional Receipt)

Subject to the limitations shown below, insurance will become effective if the following conditions are met:

1. The application is completed in full and is unconditionally accepted and approved by Golden Rule Insurance Company.
2. The first full premium, according to the mode of premium payment chosen, has been paid on or prior to the effective date, and any check is honored on first presentation for payment.
3. The policy is: (a) issued by Golden Rule Insurance Company exactly as applied for within 45 days from date of application; (b) delivered to the proposed insured; and (c) accepted by the proposed insured.

Failure to include all material medical information or correct information regarding the tobacco use of any applicant may cause the Company to deny a future claim and to void your coverage as though it has never been in force. After you have completed the application and before you sign it, reread it carefully. Be certain that all information has been properly recorded.

Keep this document. It has important information.

## Authorization to Obtain and Disclose Health Information

I authorize Golden Rule Insurance Company's (GRIC) New Business and Medical History Review departments to obtain health information that they need to underwrite or verify my application for insurance. Any health care provider, pharmacy benefit manager, consumer-reporting agency, MIB, Inc., formerly known as Medical Information Bureau (MIB), or insurance company having any information as to a diagnosis, the treatment, or prognosis of any physical or mental conditions about my family or me is authorized to give it to GRIC's New Business and Medical History Review departments. This includes information related to substance use or abuse.

I understand any existing or future requests I have made or may make to restrict my protected health information do not and will not apply to this authorization, unless I revoke this authorization.

GRIC may release this information about my family or me to the MIB or any member company for the purposes described in GRIC's Notice of Privacy Practices.

I (we) have received GRIC's Notice of Privacy Practices.

This authorization shall remain valid for 30 months from the date below.

I (we) understand the following:

- A photocopy of this authorization is as valid as the original;
- I (we) or my (our) authorized representative may obtain a copy of this authorization by writing to GRIC;
- I (we) may request revocation of this authorization as described in GRIC's Notice of Privacy Practices;
- GRIC may condition enrollment in its health plan or eligibility for benefits on my (our) refusal to sign this authorization;
- The information that is used or disclosed in accordance with this authorization may be redisclosed by the receiving entity and may no longer be protected by federal or state privacy laws regulating health insurers.

I have retained a copy of this authorization.

052F-G-0816

