

# Hospital Confinement Indemnity Policies

These limited benefits policies are a supplement to health insurance and are not substitutes for major medical coverage.



THIS PRODUCT PROVIDES LIMITED BENEFITS. SUPPLEMENTAL HOSPITAL CONFINEMENT INDEMNITY POLICY IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR THE MINIMUM ESSENTIAL COVERAGE REQUIRED BY THE AFFORDABLE CARE ACT (ACA). LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

This product provides benefits in a stated amount regardless of the actual expenses incurred.



Golden Rule  
Insurance Company

Golden Rule Insurance Company is the underwriter of these plans.

Policy Form HOSPCONF1-GRI-16

# Why Choose Us?

## **Strength & Experience**

UnitedHealthcare provides over 27 million Americans access to health care.\* Golden Rule Insurance Company, a UnitedHealthcare company, is the underwriter of plans featured in this brochure. We have been serving the specific needs of individuals and families buying their own coverage for over 70 years.

## **Highly Rated**

Golden Rule Insurance Company (GRIC) is rated "A" (Excellent) by A.M. Best (08/03/17). For the latest rating, access [www.ambest.com](http://www.ambest.com). This worldwide independent organization examines insurance companies and other businesses, and publishes its opinion about them. This rating is an indication of our financial strength and stability.

## **Our Goal: Your Satisfaction**

We understand the importance of your time and concern for the value of your health care dollars. Our goal for every customer is an insurance plan at a price that fits his or her needs and budget.

\* UnitedHealth Group Annual Form 10-K for year ended 12/31/17.

Purchasing Hospital SafeGuard may disqualify you from making tax-deductible contributions to a Health Savings Account. This is not tax advice. Please consult your tax advisor.

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.

# Hospital Confinement Indemnity Policies

Pays a fixed amount per day for hospital confinements to the calendar-year maximum.

The cost of medical care, especially a hospital stay, can add up quickly and every little bit helps. Hospital SafeGuard can help fill the gaps in your health coverage by providing cash to help pay for your deductible and non-covered expenses from a hospital stay. These plans don't replace your other health insurance coverage, they're an addition to it — a little added coverage.

## With Hospital SafeGuard:

- › **Benefit payments are yours to use however you like. Save them, pay medical bills, or help pay expenses if you are away from work.**
- › **You are not limited by provider networks.**
- › **You will be paid the same amount no matter what provider you choose to see.**
- › **There is no deductible to meet prior to receiving benefit payments.**
- › **Coverage available for individual or entire family.**
- › **Renewable to age 65 (see page 6 for details).**

**Over 35 million patients are admitted to the hospital each year.<sup>1</sup> If you needed to stay in a hospital, would your finances be affected?** Expenditures for hospital care accounted for 32.3% of all personal health care expenditures in 2015.<sup>2</sup>

<sup>1</sup> American Hospital Association, Hospital Facts to Know, 2018 <https://www.aha.org/statistics/fast-facts-us-hospitals> <sup>2</sup> National Center for Health Statistics. Health, United States, 2016: <https://www.cdc.gov/nchs/fastats/health-expenditures.htm>, updated May 3, 2017



## How Our Plans Work

When you have an eligible hospital confinement, complete a claim form and submit it with copies of your receipts. We will send you a check for the eligible benefit amount up to the calendar-year maximums.

Benefits are paid in a lump sum directly to the insured.

### Hospital Confinement Indemnity has 2 options and pays you:

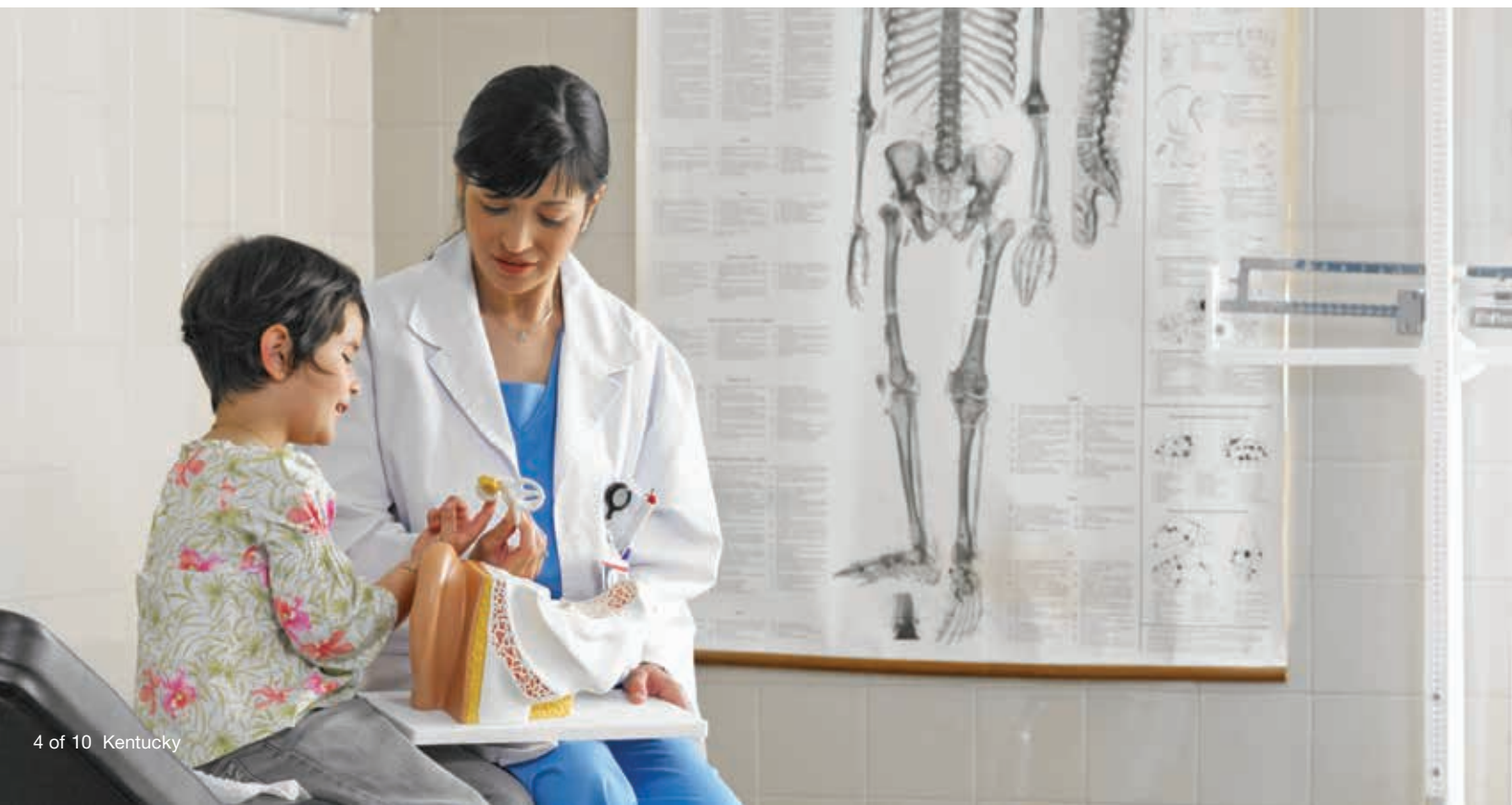
#### Hospital (per confinement period<sup>1</sup>)

#### Choose an option:

<b>Inpatient Hospital Confinement</b> (paid per 24 hours)	<b>\$1,000 per day</b> for maximum of 31 days	<b>\$2,000 per day</b> for maximum of 7 days
<b>Intensive Care Unit (ICU) Confinement</b> (paid per 24 hours)	<b>Additional \$1,000 per day</b> for maximum of 10 days <sup>1</sup>	<b>Additional \$2,000 per day</b> for maximum of 7 days <sup>1</sup>

<sup>1</sup> A confinement period is one or more days of hospitalization for the same or related causes during a consecutive 90-day period. A 90-day interval must occur before a new confinement period begins for the same or related causes.

<sup>2</sup> **ICU Confinement benefit amount must match Inpatient Hospital Confinement benefit amount.** If you are in ICU Confinement within the allotted days of Hospital Confinement, you receive both the Inpatient Hospital Confinement benefit and the ICU Confinement benefit to the maximum. If the Inpatient Hospital Confinement maximum is exhausted prior to an ICU stay, then you only receive the ICU Confinement benefit (not the additional Inpatient Hospital Confinement benefit) to the maximum.



# Provisions

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

## Exclusions and Limitations

**The policy does not pay benefits for any loss caused by or resulting from, or for:**

- Any care or treatment which is not specifically provided for in the policy.
- An illness or injury occurring before the policy effective date, after termination of the policy, or during any time that coverage is not in force.
- Intentionally self-inflicted bodily harm (whether the covered person is sane or insane).
- Any act of declared or undeclared war.
- Active service in the armed forces of any country, or related auxiliaries including the National Guard or military reserve.
- The covered person taking part in a riot.
- The covered person's commission or attempt to commit a felony, whether or not charged.
- The covered person being intoxicated, as defined by applicable state law in the state in which the loss occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a doctor or voluntary taking of any over the counter drug unless taken in accordance with the manufacturers recommended dosage.
- Cosmetic treatment.
- Pregnancy or childbirth (except for complications of pregnancy).
- Hospital confinement primarily to receive rehabilitation, custodial care, educational care, or nursing services (unless expressly provided for by the policy).
- Elective surgery that is not medically necessary within the first 12 months of the effective date of coverage.
- Donating an organ within the first 12 months of the effective date of coverage.
- Operating a taxi or any other livery (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, instructing, 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 any motorized vehicle/conveyance, rodeo sports, or scuba/skin diving (60 or more feet in depth).
- Any injury sustained while performing the duties of any type of non-commercial aircraft crew member, including giving or receiving training on an aircraft.

### **No benefits are payable for or relating to any of the following:**

- Care or treatment which would be provided without cost to you or your covered dependent in the absence of insurance covering the charge.
- Expenses for care or treatment imposed on you or your covered dependent by a provider (including a hospital) but which are actually the responsibility of the provider to pay.
- Care or treatment not administered or ordered by a doctor, or are not medically necessary to the diagnosis or treatment of an illness or injury.
- Routine well-baby care of a newborn infant while inpatient.
- An illness or injury sustained while the covered person is incarcerated in a state or federal prison or other detention facility.
- Care or treatment of mental disorders, substance abuse, or for court ordered treatment programs for substance abuse.
- Performance of an abortion (unless the life of the mother would be endangered if the fetus were carried to term).
- Examination or fitting related to eyeglasses, contact lenses, hearing aids, eye refraction, or visual therapy.
- Care or treatment rendered outside of the U.S., except for emergency treatment for a covered person.

# Provisions, continued

## Exclusions and Limitations, continued

### No benefits are payable for or relating to any of the following:

- Dental expenses, unless a covered person sustains an injury, due to an accident, after the covered person's effective date, which results in: damage to his or her natural teeth (injury to the natural teeth will not include any injury as a result of chewing); and the services resulting in the dental expense are received within 6 months of the accident or as part of a treatment plan which was prescribed by a doctor and was begun within 6 months of the accident.

## Eligibility and Renewability

At time of application, the primary insured and spouse must be between 18-64 years of age (drop off on 65th birthday) and eligible children 0-25 years of age (drop off on 26th birthday). The policy is renewable until both the primary insured and spouse have reached 65 years of age.

## Misstatement of Age or Tobacco Use

If the covered person's age or use of tobacco has been misstated on the covered person's application for coverage under the policy, any future premiums will be adjusted and past premiums will be refunded or owed to us based on the correct age 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 60 days of the date the loss began or as soon as reasonably possible.

## Proof of Loss

We must receive written proof of loss within 90 days of the date of loss or as soon as reasonably possible. Proof of loss furnished more than one year after the date written proof of loss is required to be submitted will not be accepted, unless a covered person had no legal capacity in that year.

## Preexisting Conditions

We will not pay benefits under the policy for a loss which manifests due to, results from, is caused or contributed to, or contributed by a preexisting condition. The preexisting condition limitation will not apply longer than 12 months after a covered person's applicable effective date under the policy.

"Preexisting condition" means an illness, injury, or condition:

- For which medical advice, diagnosis, care, or treatment was recommended to or received by a covered person within 12 months immediately preceding the effective date the covered person became insured under the policy; or
- That manifested symptoms which would cause an ordinarily prudent person to seek diagnosis or treatment within the 12 months immediately preceding the applicable effective date the covered person became insured under the policy.

This Preexisting Conditions limitation does not affect our rights with respect to fraudulent misstatements made in an application or material misstatements made in an application about a preexisting illness, injury, or condition if full knowledge of the illness, injury, or condition would have caused us to decline coverage to a person.

These rights are set forth in the policy.

## Premium Change

Premiums are subject to change. The age and gender of a covered person and type and level of coverage are some factors that could be used to determine your premium rate. We will notify you in writing at least 31 days in advance of a premium change.

## Termination of Policy

Coverage will end for any covered person on the earliest of:

- The primary insured's 65th birthday. If the policy is other than a primary insured only plan, it may be continued after the primary insured's death or after the primary insured's 65th birthday:
  - By the spouse, if a covered person;
  - Otherwise, by an eligible child who is a covered person;
- Nonpayment of premiums when due, subject to the Grace Period provision in the policy;
- The date we receive a request from you to terminate the policy, or any later date stated in your request;
- The date there is fraud or a material misrepresentation made by or with the knowledge of a covered person in filing a claim for policy benefits; or
- The date of the primary insured's death.

## Underwriting

Plans are subject to health underwriting. If you provide incorrect or incomplete information on your application for insurance your coverage may be voided or claims denied.

## HEALTH PLAN NOTICE 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).

## 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 1-800-657-8205 (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 BE COMPLETED BY PRODUCER ONLY IF PERSONALLY COLLECTING INITIAL PREMIUM PAYMENT.**

Conditional Receipt for: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_

Proposed Insured: \_\_\_\_\_

Signature of Secretary: Richard C. Sullivan

Amount Received: \_\_\_\_\_

Signature of Agent/Broker: \_\_\_\_\_

**THIS FORM LIMITS OUR LIABILITY. NO INSURANCE WILL BECOME EFFECTIVE UNLESS ALL THREE CONDITIONS PRIOR TO COVERAGE ARE MET. NO PERSON IS AUTHORIZED TO ALTER OR WAIVE ANY OF THE FOLLOWING CONDITIONS. YOUR CANCELLED CHECK WILL BE YOUR RECEIPT.**

This conditional receipt does not create any temporary or interim insurance and does not provide any coverage except as expressly provided in the Conditions Prior to Coverage.

**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.