

# UnitedHealthcare Accident Indemnity

This product provides limited benefits.

UnitedHealthcare Accident Indemnity is not major medical or comprehensive health insurance and does not provide the mandated coverage necessary to avoid a penalty under the Affordable Care Act. This coverage provides benefits for losses resulting from accidental bodily injury.



Golden Rule Insurance Company is the underwriter and administrator of these plans.  
Policy Forms ACC-IND1-GRI-17

 **UnitedHealthcare®**  
Golden Rule  
Insurance Company

# Why Choose Us?

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## **Strength & Experience**

UnitedHealthcare provides approximately 30 million Americans access to health care.\* Golden Rule Insurance Company, a UnitedHealthcare company, is the underwriter and administrator 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 (06/30/16). 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 12/31/15.

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.

# UnitedHealthcare Accident Indemnity

## Accidents Happen

You never know when you or someone in your family will get hurt in an accident. When it happens, you could end up with several medical bills. Even if you have health insurance, the extras from an accidental injury can still take a lot out of your pocket.

## UnitedHealthcare Accident Indemnity

Pays fixed amounts for loss resulting from qualifying accidental injuries. Includes an Accidental Death Benefit with 3 plans to choose from. See page 4 for details.

## About This Plan

If you're hurt in an accident, Accident Indemnity can pay you cash benefits for your medical bills. Ideal for individuals or families, Accident Indemnity pays benefits for:

### Common Accidents

Burns  
Concussions

Broken Bones  
Dislocations

### Services and Treatments (resulting from accidents)

Ambulance Services  
Physical Therapy

ER visits  
Surgery

More details about the cash benefits paid for these and other eligible accidental injuries and related services are on the next page. Keep in mind, this plan does not replace your other health insurance coverage, it's an addition to it – a little added coverage.

## Your Beneficiaries

In the event of your death from an accident, Accident Indemnity can pay your beneficiaries to help cover the bills that may remain.

## Leading Types of Injury

In 2014, sprains, strains, or tears were the leading types of injury or illness for both men and women requiring days away from work. Fractures also took a median of 32 days to recover from before returning to work.

– Bureau of Labor Statistics, "Nonfatal Occupational Injuries and Illnesses Requiring Days Away From Work, 2014," November 2015.



# UnitedHealthcare Accident Indemnity

Here's a sample of what's covered by Accident Indemnity. You'll receive a complete list of benefits with the policy. Please read the policy carefully. Payment of benefits is subject to all policy terms and conditions. The figures in the chart refer to the insured person or spouse.

Highlights of Benefits		Choose a maximum benefit level			
<b>Accidental Death<sup>1</sup></b> (within 30 days resulting from accidental injury)	Plan A: \$25,000	OR	Plan B: \$50,000	OR	Plan C: \$100,000
<b>Accidental Dismemberment</b> (dismemberment within 30 days of accident)	5% to 100% of Accidental Death Benefit				

## Accidental Injuries (treatment within 30 days of accident)

## Accident Indemnity pays you:

<b>Burns</b> (by size and degree, treatment within 48 hours of accident)	\$200-\$10,000	\$400-\$20,000	\$600-\$30,000
<b>Coma</b> (at least 7 consecutive days, diagnosed within 30 days of accident)	\$5,000	\$10,000	\$20,000
<b>Concussion</b> (diagnosed within 48 hours of accident)	\$50	\$100	\$200
<b>Dislocations: Closed / Open</b>	\$65-625/\$125-2,500	\$100-875/\$175-3,500	\$130-1,250/\$250-5,000
<b>Fractures: Closed / Open</b> (2 fractures per accident)	\$125-1,875/\$250-2,500	\$175-2,625/\$350-3,500	\$250-3,750/\$500-5,000
<b>Lacerations</b> (by length; treatment within 48 hours of accident; 1 per accident)	\$30-\$400	\$40-\$500	\$50-\$600
<b>Paralysis</b> (paralysis must begin within 30 days of accident and last uninterrupted for 30 days; 1 per accident)	\$2,500-\$5,000	\$5,000-\$10,000	\$10,000-\$20,000

## Outpatient Services

<b>Ambulance</b> (within 48 hours of accident; 1 per accident)	Ground: \$200, Air: \$1,000	Ground: \$250, Air: \$1,500	Ground: \$300, Air: \$2,500
<b>Diagnostic: CT, EKG, or MRI</b> (1 per accident)	\$150	\$200	\$250
<b>Hospital Emergency Room Visit</b> (treatment within 48 hours of accident)	\$125	\$150	\$200
<b>Office Visit, Initial<sup>1</sup></b> (treatment within 48 hours of accident)	\$75	\$100	\$150
<b>Office Visit, Follow-up<sup>2</sup></b> (treatment within 30 days of accident; hospital discharge, or rehab facility discharge)	\$35 (6 visit limit)	\$50 (8 visit limit)	\$65 (10 visit limit)
<b>Physical Therapy</b> (began the later of 30 days after accident or 30 days from hospital or rehab facility discharge; completed within 6 months of accident; 1 visit per day and 10 visits per accident)	\$25	\$40	\$50
<b>Urgent Care Center</b> (treatment within 48 hours of accident)	\$75	\$100	\$150
<b>X-rays</b> (1 per accident)	\$50		

## Inpatient Services (within 30 days of an accident)

<b>Hospital/Intensive Care Unit (ICU) Admission</b> (1 per calendar year; must be admitted as an inpatient for at least 24 hours)	\$1,000 (if direct to ICU, add \$500)	\$1,500 (if direct to ICU, add \$750)	\$2,000 (if direct to ICU, add \$1,000)
<b>Hospital Confinement Per Day</b> (365 days max)	\$200 / \$400	\$250 / \$500	\$300 / \$600
<b>/ICU Confinement Per Day</b> (15 days max)	If confined in ICU, ICU Confinement benefit is in addition to Hospital Confinement benefit.		
<b>Rehabilitation Facility Confinement</b> (When transferred from hospital confinement: for 30 consecutive days or 60 days for multiple stays in a calendar year, whichever is reached sooner.)	\$100	\$150	\$250

## Surgical Services (treatment within 1 year of accident)

<b>Open abdominal, cranial, hernia or thoracic</b>	\$1,000	\$1,500	\$2,000
<b>Tendons/ligaments, torn rotator cuff or knee cartilage, ruptured/herniated disc</b>	\$500	\$750	\$1,000
<b>Other surgery requiring general anesthesia</b>	\$250	\$400	\$550

**Coverage also includes:** dental and eye injuries, arthroscopy without repair, and transportation of a covered person and lodging for an immediate family member when treatment facility is more than 100 miles from covered person's home. Fractures include: ankle, arm, chip, coccyx, elbow, face, finger, foot, hand, hip, jaw, leg, kneecap, nose, rib, shoulder blade, skull, vertebral body, vertebral process, and wrist. You will find complete details in the policy.

<sup>1</sup> Dependent child benefits are lower. You will find complete details in the policy.

<sup>2</sup> Outpatient follow-up treatment will only be covered if we have paid for initial treatment or hospitalization due to the same accident.

## Accident Indemnity Examples

Here's a sample of how Accident Indemnity can help you pay for unexpected medical costs resulting from an accident.

### Hospital Admission Direct to ICU (5 Days) with Plan C

Benefit Category	Benefit Payment
Hospital Admission	\$2,000 (1 time)
ICU Admission	\$1,000 (1 time)
Hospital Confinement	\$1,500 (\$300 per day x 5)
ICU Confinement	\$3,000 (\$600 per day x 5)
<b>Total Benefit Payment</b>	<b>\$7,500</b>

### Emergency Room Visit - Concussion with Plan B

Benefit Category	Benefit Payment
Emergency Room Visit	\$150
Concussion Benefit	\$100
CT Scan	\$200
<b>Total Benefit Payment</b>	<b>\$450</b>

## Provisions that apply to all plans

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. The purchase of this plan is not contingent upon purchasing or having any individual or group health insurance coverage.

### General Exclusions and Limitations

This is not major medical insurance. No benefits are payable for treatment of any illness.

**No benefits are payable for any loss caused by or resulting from:**

- Any accident occurring before the policy effective date, after termination of the policy, or during any time that coverage is not in force.
- Any cerebrovascular accident (stroke).
- Any act of war; intentionally, self-inflicted, bodily harm (whether sane or insane); or participation in a riot or commission of a felony (whether or not charged).
- Any loss sustained while the covered person is incarcerated in a state or federal prison or other detention facility.
- Active service in the armed forces of any country, or related auxiliaries including the National Guard or military reserve.
- Any injury incurred as a result of 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 manufacturer's recommended dosage.
- Illness, disease, or bodily infirmity, or the medical treatment of any of these.
- Infections of any kind regardless of how contracted, including those resulting from surgery, except bacterial infection that is the direct result of an accidental cut or wound or accidental ingestion of a contaminated substance, independent of any underlying illness, disease, or condition.
- 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).
- For injuries sustained while performing the duties of an aircraft crew member, or giving or receiving training or instructions on an aircraft.



## Provisions that apply to all plans, continued

### General Exclusions and Limitations, continued

**No benefits are payable for any loss caused by or resulting from:**

- An injury or illness arising out of, or in the course of, employment for wage or profit, if the covered person is insured, or is required to be insured, by workers' compensation insurance pursuant to applicable state or federal law. If you enter into a settlement that waives a covered person's right to recover future medical benefits under a workers' compensation law or insurance plan, this exclusion will still apply. In the event that the workers' compensation insurance carrier denies coverage for your workers' compensation claim, this exclusion will still apply unless that denial is appealed to the proper governmental agency and the denial is upheld by the agency.

**No benefits are payable for:**

- Services provided by an immediate family member.
- Cosmetic treatment.
- Services for which no charge is made.
- Dental care, except as otherwise covered for injury to sound, natural teeth.

### 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 dependent 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, Gender, or Tobacco Use

If your age, gender, or use of tobacco has been misstated on the 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, gender, or tobacco status.

If age was misstated on the application and we would not have issued coverage, we will refund the premium paid minus any benefit amounts paid by us, and coverage would be void from the effective date.

## Provisions that apply to all plans, continued

### 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 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 not change your premium rates more than once in any 6-month period following the initial 12-month period. We will notify you in writing at least 31 days in advance of a premium change.

### Proof of Loss

We must receive written proof of loss within 90 days of the date of loss or as soon as 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 you or your covered dependent had no legal capacity in that year.

### Termination of Policy

The policy will terminate on the earliest of:

- The primary insureds 65th birthday;
- 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 intentional material misrepresentation by or with the knowledge of a covered person in filing a claim for benefits under the policy; or
- The primary insured's death.

A covered dependents coverage will also terminate when they are no longer an eligible dependent.

### 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.

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## HEALTH PLAN NOTICES OF PRIVACY PRACTICES MEDICAL INFORMATION PRIVACY NOTICE

(Effective January 1, 2016)

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.
- **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 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 restrictions 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.
- **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 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.

33638-X-0516 Products are either underwritten or administered by: All Savers Insurance Company, All Savers Life Insurance Company of California, Golden Rule Insurance Company, PacificCare Life and Health Insurance Company, UnitedHealthcare Insurance Company, and/or UnitedHealthcare Life Insurance Company.

**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, please call the toll-free phone number on your ID card.
- **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 Office, 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, 2016)**

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, please **call the toll-free phone number on your ID card.**

The Notice of Privacy Practices, effective January 1, 2016, is provided on behalf of All Savers Insurance Company; All Savers Life Insurance Company of California; Golden Rule Insurance Company; PacifiCare Life and Health Insurance Company; 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.



**TO BE COMPLETED BY PRODUCER ONLY IF PERSONALLY COLLECTING INITIAL PREMIUM PAYMENT.**

Conditional Receipt for: \_\_\_\_\_  
Proposed Insured: \_\_\_\_\_  
Amount Received: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_  
Signature of Secretary: Richard C. Sullivan  
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.

**If you sign the Authorization for Electronic Funds Transfer (EFT) in the application, please keep this copy for your records.**

I (we) hereby authorize Golden Rule Insurance Company to initiate debit entries to the account indicated below. I also authorize the named financial institution to debit the same to such account. I agree this authorization will remain in effect until you actually receive written notification of its termination from me.

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**Notice to applicant regarding replacement of accident and sickness insurance**

1. You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of or addition to your present plan. You should be certain that you understand all the relevant factors involved in replacing or adding to your present coverage.
2. We recommend that you not terminate your present plan until you receive written confirmation that your coverage has been approved by Golden Rule Insurance Company.

**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

**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.**

