



# UnitedHealthcare Term Life

**This product provides limited benefits.**

UnitedHealthcare Term Life 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.



## Why choose us?

### Strength & experience

UnitedHealthcare provides over 26 million Americans access to health care.<sup>1</sup> 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 80 years.

### Highly rated

Golden Rule Insurance Company (GRIC) is rated “A+” (Superior) by A.M. Best.<sup>2</sup> 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.

## Be better prepared for the future

Will your family be okay financially in the event of your death? Our UnitedHealthcare Term Life plan is designed to offer budget-friendly life insurance coverage for a selected number of years to help your loved ones in the event of your death.

### First, choose a level premium policy term:

Term Life Policy<sup>3</sup>

10-year (issue ages 18-59)

or

20-year (issue ages 18-49)

### Then, choose a benefit level:

Term Life Benefit Amount

\$30,000

or

\$25,000  
or  
\$50,000

or

\$50,000  
or  
\$100,000

or

\$75,000  
or  
\$150,000

or

\$100,000  
or  
\$200,000

<sup>1</sup> UnitedHealth Group Form 10-K for year ended 12/31/21. <sup>2</sup> As of 12/09/21. For the latest rating, access [ambest.com](http://ambest.com). <sup>3</sup> Renewal of Term Life Policy: At the end of the initial policy term, the policy can be renewed annually (at higher premium rates) until the insured's 75th birthday.

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 Term life 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. The purchase of this plan is not contingent upon purchasing or having any individual or group health insurance coverage. This product provides limited benefits. It is not Major Medical or Comprehensive Health insurance, and does not provide the mandated coverage necessary to avoid penalty under the Affordable Care Act.

### Policy Fee

Each policy has a term life policy fee of \$20 per year and it is billed monthly or quarterly.

### Assignment

You may assign your policy while you are alive.

### Beneficiary

You can name any person or persons, other than your employer, as a beneficiary. You can change the beneficiary at any time, subject to the terms of your policy and the laws of your state.

### Death benefit

We will pay the Term Life Benefit to the designated beneficiary at the time of your death. Written proof of death must be furnished to us within 90 days from the insured's date of death or as soon as reasonably possible.

### Eligibility

All applicants must be between 18-49 years of age for the 20-year term life policy or between 18-59 years of age for the 10-year term life policy. You remain eligible for coverage until your 75th birthday.

### 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, benefits will be adjusted based on the relationship of the premium paid to the premium that should have been paid 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 and coverage would be void from the effective date.

### Premium change

Premiums will change after the initial term. The age of a covered person and type and level of coverage are the factors that could be used to determine your premium rate. We will notify you in writing at least 30 days in advance of a premium change.

## Renewal provision

At the end of the policy term (10 years or 20 years), you may continue coverage until your 75th birthday on a year-by-year basis. Evidence of insurability is not required, however, your premium rates will increase each year.

## Termination

All insurance will cease on termination of the policy. The policy will terminate on the earliest of:

- A. The insured's 75th birthday;
- B. Nonpayment of premiums when due, subject to the Grace Period Provision in the policy;
- C. The date we receive a written request from you to terminate the policy, or any later date stated in your request;
- D. The date when the total face amount is payable as a death benefit; or
- E. The date of your death.

We will refund any premium paid and not earned due to policy termination.

## Underwriting

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

## Exclusions and limitations

We will not pay a death benefit caused by any of the following:

- Suicide, while sane or insane, within 2 years from the effective date.
- The insured driving while intoxicated or under the influence of illegal narcotics or controlled substance as defined by applicable state law in the state which the death occurred.
- Any act of declared or undeclared war.
- The insured taking part in a riot.
- The insured's commission of a felony, whether or not charged.
- Participating or instructing in (while being paid to do so): horseback riding, racing or speed testing any non-motorized vehicle/conveyance, skiing, rodeo sports, or rock or mountain climbing.
- 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, racing or speed testing any motorized vehicle/conveyance, or scuba/skin diving (60 or more feet in depth).
- Operating, riding in, or descending from any type of non-commercial aircraft if the insured is a pilot, officer, or member of the crew of such aircraft or is giving or receiving any kind of training or instructions or otherwise has any duties that require him or her to be aboard the aircraft.

## Notice to applicant regarding replacement of life 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, mental illness, HIV, AIDS, and sexually transmitted diseases.

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 above.

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.  
396I-G-1221

**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.**

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## Health plan notices of privacy practices

This notice describes how medical information about you may be used and disclosed and how you can get access to the information. Please review it carefully.

### View notice here

(<https://www.uhc.com/content/dam/uhcdotcom/en/npp/NPP-UHC-EI-UHOne-EN.pdf>)