

# Affordable Limited Accident & Sickness Coverage is Available to You!



## HealthSelect Benefit Highlights:

- Doctor visits as low as \$15
- Up to \$10,000 Inpatient Coverage
- Up to \$10,000 Outpatient Accident Coverage
- Up to \$25,000 AD&D
- Prescription co-pay as low as \$15

Limited Accident & Sickness Insurance  
Plans starting at only:

**\$73.73** per paycheck

## Also Available:

- Buy-up to \$50,000 CriticalMed plan
- Dental Plan

## Ternian Services:

- Care24 Nurseline and EAP
- DoctorNavigator Price Comparison Tools

## ENROLL NOW! TIME IS LIMITED



**WEB Enrollment:** Go to <http://artech.myternian.com>

**PHONE Enrollment:** Call **1-877-574-7280**

**PAPER Enrollment:** Fax the form to **1-480-302-5220**

### Who can enroll?

Artech's W2 Hourly Non-Benefited Employees in Active Service and their eligible dependents.

### When can I enroll?

Within 31 days of your hire date or during the annual open enrollment period.

### When will coverage begin?

First of the month following 30 days of employment.

### When will coverage end?

The last day of the month in which the employee's active status ends.

# Which Insurance Plan is Best for You?

Ternian Insurance Group offers a suite of products that is specifically designed to meet a wide variety of medical, budget, and lifestyle needs. The programs range from an inexpensive discount-only healthcare card up to a broad selection of limited accident and sickness insurance plans. Ternian does not offer major medical or comprehensive coverage. However, plans are tailored to help you with everyday medical expenses so that you can see a doctor, get a prescription, cover an unexpected accident, or get help with a hospitalization.

First, ask yourself the following questions. If you answer "YES" to one or more, then Ternian has a plan that can help you! Next, review the Benefits at a Glance section for more details and pricing to determine which insurance plan is right for you to enroll in.

## 1. Are you currently uninsured? If so, consider the following:

**HealthSelect**  Yes  No

**I would like limited accident and sickness insurance coverage to help with basic medical expenses.**

For protection against basic, minor-medical expenses. You'll get doctor office visits for as little as \$15 and help with other common expenses like prescriptions and lab/x-rays. Coverage is also included to help with accidents and hospitalization with little or no deductibles. HealthSelect Plans start at \$73.73 per paycheck.

**CriticalMed**  Yes  No

**I would like limited accident and sickness insurance coverage to help with catastrophic medical expenses.**

For those less concerned about day-to-day, minor-medical expenses but looking for protection against a more major event. CriticalMed does not cover basic expenses like doctor office visits and routine lab/x-rays, but after the annual deductible is met, it does provide a set-level of catastrophic coverage up to \$50,000 for a covered accident, hospitalization, and critical illness. CriticalMed Plans start at \$82.23 per paycheck.

**HealthSelect & CriticalMed**  Yes  No

**I would like limited accident and sickness insurance coverage to help with BOTH basic and catastrophic medical expenses.**

To maximize your coverage, you can enroll in both HealthSelect and CriticalMed. With both plans, you will receive coverage to help with basic, minor medical expenses and have a set-level of catastrophic coverage to help protect you against a more major event. The cost of both plans combined starts at \$155.96 per paycheck.



### Value-Added Services, Savings, and Online Tools!

All of Ternian's limited accident and sickness plans include the following services\* to enhance your plan value and provide increased savings:

- Galaxy Health PPO Network – access to over 450,000 doctors and hospitals that have lowered their prices for our members by 10-40% off of their usual charges.
- ScriptSave® Prescription Drug Savings Program – instant savings on brand name and generic medications at over 53,000 participating pharmacies. Savings average 22%, with potential savings of up to 50% (based on national program savings data).
- OptumHealth Care24 Nurseline/EAP – access to speak with a registered nurse for medical related questions or a master's-level counselor for mental health support 24/7.
- DoctorNavigator – an online tool to find the best discounted price for doctor office visits and prescription drugs before services are received.

\*These services are not insurance and are not provided by ACE American Insurance Company.

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# Benefits at a Glance

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policies issued in the state in which policy is delivered. Complete details may be found in the policies on file at you employer's office. The policy is subject to the laws of the state in which it is issued. Coverage may not be available in all states or certain terms may be different if required by state law. Please keep this information as a reference.



"I wish I could buy a comprehensive medical plan, but on my income with two kids, I just can't afford it. If I could get a plan to help with routine doctor's visits and prescriptions at an affordable price it could make my life less stressful."

HealthSelect could be the answer for you.

ENROLL NOW

## HealthSelect

A limited-benefit accident and sickness insurance plan designed to provide help with basic, minor-medical expenses.

| Ternian HealthSelect Plans                                |                               |                               |
|---|-------------------------------|-------------------------------|
| BI-WEEKLY RATES   | Plan 1 - Max+                 | Plan 2 - Advantage            |
| Employee Only   | \$73.73                       | \$90.13                       |
| Employee +1   | \$151.16                      | \$184.72                      |
| Family  | \$212.37                      | \$259.56                      |
| <b>INPATIENT Accident &amp; Sickness Coverage</b>         |                               |                               |
| Benefit Maximum per year                                  | \$15,000                      | \$25,000                      |
| Day 1 Hospital Confinement up to                          | \$2,500                       | \$2,500                       |
| Days 2+ Hospital Confinement up to                        | \$1,000                       | \$1,500                       |
| Days 1+ ICU up to   | \$1,000                       | \$1,000                       |
| Add'l Surgery Benefit per year, per Schedule* up to       | \$2,500                       | \$5,000                       |
| <b>OUTPATIENT Accident &amp; Sickness Coverage</b>        |                               |                               |
| Benefit Maximum per year                                  | \$1,500                       | \$2,500                       |
| Deductible per year                                       | \$200                         | \$250                         |
| Diagnostic X-ray & Lab                                    | 80%                           | 80%                           |
| Physician Office Visit Co-pay                             | \$15                          | \$20                          |
| Specialist Office Visit Co-pay                            | \$25                          | \$25                          |
| ER Co-pay   | \$100                         | \$100                         |
| Wellness Office Visit Co-pay                              | \$20 x 1 visit per year       | \$25 x 1 visit per year       |
| Wellness Benefit Maximum per year                         | \$150                         | \$250                         |
| Add'l Surgery Benefit per year, per Schedule* up to       | \$1,500                       | \$2,500                       |
| <b>OUTPATIENT Accident Only Coverage</b>                  |                               |                               |
| Benefit Maximum, per Accident up to                       | \$10,000 x 2 accidents per yr | \$10,000 x 2 accidents per yr |
| Benefit % Payable   | 80%                           | 80%                           |
| Deductible per Accident                                   | \$200                         | \$250                         |
| <b>Accidental Death &amp; Dismemberment Principal Sum</b> |                               |                               |
|   | \$25,000 Emp                  | \$25,000 Emp                  |
|   | \$5,000 Sp                    | \$5,000 Sp                    |
|   | \$1,000 Ch                    | \$1,000 Ch                    |
| <b>PRESCRIPTION Coverage</b>                              |                               |                               |
| Benefit Maximum per year                                  | \$600                         | \$1,000                       |
| Retail - Generic Rx Co-pay                                | \$10                          | \$10                          |
| Retail - Preferred Brand Rx Co-pay                        | \$20                          | \$20                          |
| Mail Order - Generic Rx Co-pay                            | \$25                          | \$25                          |
| Mail Order - Preferred Brand Rx Co-pay                    | \$50                          | \$50                          |

\*Surgical Schedule Appendix



I haven't been to the doctor in years. I'm not really worried about routine medical expenses, so with the high cost of insurance I go without. However, I do worry about what I would do if something serious happened. I hear a broken leg can cost over \$10,000 dollars!

**CriticalMed could be the answer for you.** [ENROLL NOW](#)

## CriticalMed Plan

A buy-up option if you enroll in HealthSelect and are looking for enhanced coverage for catastrophic events, OR, a stand-alone option (instead of HealthSelect) if you are willing to self-pay your day-to-day medical expenses because you are more concerned about major events.

| Ternian CriticalMed Plans                         |               |               |
|---|---------------|---------------|
| BI-WEEKLY RATES                                   | \$25,000 Plan | \$50,000 Plan |
| Employee Only                                     | \$82.23       | \$113.37      |
| Employee +1                                       | \$168.56      | \$232.41      |
| Family  | \$236.81      | \$326.51      |
| <b>INPATIENT Accident &amp; Sickness Coverage</b> |               |               |
| Benefit Maximum per year                          | \$25,000      | \$50,000      |
| Deductible per year                               | \$2,500       | \$5,000       |
| Day 1 Hospital Confinement up to                  | \$2,500       | \$2,500       |
| Days 2+ Hospital Confinement up to                | \$1,250       | \$1,500       |
| Days 1+ ICU up to                                 | \$1,250       | \$1,500       |
| <b>OUTPATIENT Accident Only Coverage</b>          |               |               |
| Benefit Maximum, per year up to                   | \$25,000      | \$50,000      |
| Benefit % Payable                                 | 80%           | 80%           |
| Deductible per year                               | \$2,500       | \$5,000       |
| <b>Accidental Death &amp; Dismemberment</b>       |               |               |
|   | \$25,000 Emp  | \$50,000 Emp  |
|   | \$10,000 Sp   | \$10,000 Sp   |
|   | \$1,000 Ch    | \$1,000 Ch    |
| <b>CRITICAL ILLNESS</b>                           |               |               |
| Benefit Maximum                                   | \$25,000      | \$50,000      |
| Payable for 10 Conditions                         |               |               |

## Dental Plan



- \$1,000/Plan Year (Sub-limits of \$500 Periodontics and \$500 Orthodontics)
- No deductibles. Schedule of benefits plan with indemnity reimbursement per procedure.
- No waiting periods for Preventive, Diagnostic, Minor Restorative, and General Anesthesia.
- 12 month waiting period on Major Restorative, Periodontics, Oral Surgery, and Orthodontia.
- Use any dentist, but save 10-50% with Careington discount dental provider network.

| Ternian Dental Plan  |               |  |         |
|--|---------------|--|---------|
| <b>BI-WEEKLY RATES</b>   |               |  |         |
| Employee Only  |               |  | \$9.23  |
| Employee +1  |               |  | \$19.85 |
| Family   |               |  | \$27.23 |
| <b>Dental Benefits</b>   |               |  |         |
| Maximum Plan Year Limit  | \$1,000       |  |         |
| Periodontics   | \$500 maximum | <b>Type 5: Periodontics</b>  |         |
| Orthodontics   | \$500 maximum | Lifetime maximum   | \$500   |
|  |               | Tissue grafts or bone surgery  | \$96    |
|  |               | Gingivectomy (per quadrant)  | \$60    |
| <b>Type 1: Preventive &amp; Diagnostic</b>                             |               | Periodontal scaling, periodontal Splinting, root planning, gingival curettage (per quadrant)                             | \$36    |
| Oral exams, Including prophylaxis                                      | \$36          | Gingivectomy (per tooth)   | \$24    |
| Bitewings, per film  | \$5           |  |         |
| X-Ray, panoramic or cephalometric                                      | \$36          | <b>Type 6: Oral Surgery</b>  |         |
| Sealants / topical fluoride  | \$11          | Surgeries Level 1 (ex. Removal of exostosis)   | \$120   |
| Space maintainers  | \$108         | Surgeries Level 2 (ex. Removal of impacted tooth)  | \$66    |
| <b>Type 2: Major Restorative</b>                                       |               | Surgeries Level 3 (ex. Simple Extraction)  | \$36    |
| Crowns, bridges & dentures   | \$180         |  |         |
| Pre-fabricated crowns  | \$60          | <b>Type 7: General Anesthesia and IV</b>   |         |
| Crow build-up procedures   | \$48          | IV, first half hour general, each Additional 1/4 hour general  | \$72    |
| <b>Type 3: Minor Restorative</b>                                       |               | <b>Type 8: Orthodontia</b>   |         |
| Fillings   | \$42          | Per course of treatment  | \$500   |
| Crowns, bridges & denture repair                                       | \$24          |  |         |
| Relining or rebasing dentures  | \$60          |  |         |
| <b>Type 4: Endodontics</b>   |               | Types 1 through 7 subject to annual maximum of \$ 1,000<br>Types 2, 5, 6a, and 8 are subject to 12 month waiting period. |         |
| Root canals, apicoectomies   | \$192         |  |         |
| Root amputation  | \$96          |  |         |
| Therapeutic pulpotomy, retrograde fillings, apexification, hemisection | \$48          |  |         |

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# Dental Plan Exclusions

## No Dental indemnity Benefits will be paid for expenses incurred:

- for services and supplies not listed in the Coverage Schedule, not recognized as essential for the treatment of the condition according to accepted standards of practice or considered experimental.
- for cosmetic procedures, including but not limited to veneers and bleaching of teeth and procedures performed primarily for cosmetic reasons.
- for services related to, performed in conjunction with, or resulting from a non-covered procedure.
- for charges in excess of the Usual and Customary rate.
- for any treatment program which began prior to the date the Insured is covered under the Policy.
- for crowns, inlays and onlays on teeth that can be restored by direct placement materials.
- for the replacement of crowns, bridges, dentures, inlays or onlays that can be restored to normal function.
- for the replacement of crowns, bridges, inlays, onlays or prosthetic appliance within 5 years from the date of last placement.
- for any unmarried child age 19 and over unless he is dependent upon You for support and You claim as an exemption on Your federal income tax and/or while a full-time student. A full-time student is one who is enrolled for 12 semester hours of credit in an accredited junior college, college, or university. Any exemption will end at age 26.
- for service or supplies payable under any medical expense, auto or no-fault plan.
- for any condition covered under any Worker's Compensation Act or similar law.
- for services applied without cost by any municipality, county or other political subdivision or for which there would be no charge in the absence or insurance.
- for services applied without cost by any municipality, county or other political subdivision or for which there would be no charge in the absence or insurance.
- during any waiting period We require. When Your voluntarily end Your insurance without a qualifying event and re-enroll at a later date, Your waiting period is 2 years and begins on the date Your coverage first ended.
- for services that are applied toward the satisfaction of a Deductible, if any.
- for services subject to a waiting period that were incurred during the waiting period.
- for charges resulting from changing from one provider to another while receiving treatment, or from receiving treatment from more than one provider for one dental procedure to the extent that the total charges billed exceed the amount incurred if one provider had performed all services.
- for hospital facility charges for any dental procedure, including but not limited to: emergency room charges, surgical facility charges, hospital confinement.
- for drugs or the dispensing of drugs.
- for oral hygiene instruction; plaque control; acid etch; prescription or take-home fluoride; broken appointments; completion of a claim form; OSHA/Sterilization fees (Occupational Safety & Health Agency); or diagnostic photographs (except for orthodontic purposes), unless included within the Coverage Schedule.
- for implants; myofunctional therapy; athletic mouth guards; precision or semi-precision attachments; treatment of fractures, cysts, tumors, or lesions; maxillofacial prosthesis; orthognathic surgery; TMJ dysfunction; cleft palate; or anodontia.

- for orthodontia, unless included within the Coverage Schedule.
- for services to replace teeth that were missing (extracted or congenitally) prior to the effective date of coverage on Our Plan. This limitation ends after 36 months of continuous coverage on the Plan. Abutment teeth will be reviewed for eligibility of prosthetic benefits.
- for composite, resin, or white fillings on posterior primary teeth. Benefits will be reduced to that of an amalgam or silver filling.
- for the replacement of a filling within 24 months of placement, unless for specific health reasons.
- for the replacement of retainers.
- for sealants not applied to permanent bicuspid or molar; applied at age 15 or older; applied 3 years from a previous sealant application; applied to a decayed tooth.
- for lab fees for higher metals or porcelain crowns, bridges, inlays, or onlays, unless included within the Coverage Schedule.

## What's Not Covered

### We will not pay benefits for any loss, injury or sickness that is caused by, or results from:

- intentionally self-inflicted injury, suicide or attempted suicide.
- war or any act of war, whether declared or not.
- service in the military, naval or air service of any country or international organization.
- piloting or serving as a crew member or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- commission of, or attempt to commit, a felony, an assault or other illegal activity.
- commission of or active participation in a riot, or insurrection.
- bungee cord jumping, parachuting, skydiving, parasailing, hang-gliding.
- flight in, boarding or alighting from any aircraft except as a fare-paying passenger on a regularly scheduled commercial airline.
- travel in or on any on-road and off-road motorized vehicle not requiring licensing as a motor vehicle.
- an accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in Driver's Education Program.
- medical mishap or negligence, including malpractice. This exclusion applies only to the Accidental Death and Dismemberment Benefit.
- travel or activity outside the United States, except for a Medical Emergency.
- travel in any Aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year.
- alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Doctor unless specifically provided herein.
- repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration.
- repair or replacement of, examinations for, or prescriptions for, or the fitting of eyeglasses or contact lenses.
- while the covered person is legally intoxicated (as determined by that state's laws) or while under the influence of any drug unless administered under the advice and consent of a Doctor.
- medical expenses and disability for which the covered person is entitled to benefits under any Worker's Compensation Act.
- medical expenses paid or payable under any mandatory no fault

- automobile insurance contract or mandatory basic reparations benefit of no fault.
- Pregnancy or childbirth unless conception occurred while coverage was in force under the Policy.
- Elective Abortion. Elective Abortion means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.
- Mental and Nervous Disorders.
- Covered medical expenses for which the covered person would not be responsible for in the absence of this Policy.
- Cosmetic surgery, except for reconstructive surgery needed as the result of an injury or sickness.
- Experimental or Investigational drugs, services, supplies or any procedure held to be experimental or investigatory by Us at the time the procedure is done.

### No Prescription Drug Benefits will be paid for:

- All over-the-counter products and medications unless shown in the definition of Prescription Drug. This includes, but is not limited to, electrolyte replacement, infant formulas, miscellaneous nutritional supplements, and all other over-the-counter products and medications.
- Blood glucose meters and insulin injecting devices.
- Depo-Provera; condoms, contraceptive sponges, and spermicides; sexual dysfunction drugs.
- Biologicals (including allergy tests); blood products; growth hormones; hemophilic factors; MS injectables; immunizations; and all other injectables unless shown in the definition of Prescription Drug.
- Medical supplies and durable medical equipment.
- Liquid nutritional supplements; pediatric Legend Drug vitamins; prescribed versions of Vitamins A, D, K, B12, Folic Acid, and Niacin – used in treatment verses as a dietary supplement; and all other Legend Drug vitamins and nutritional supplements.
- Anorexiant; any cosmetic drugs including, but not limited to, Renova and skin pigmentation preps; any drugs or products used for the treatment of baldness; and topical dental fluorides.
- Refills in excess of that specified by the prescribing Doctor, or refills dispensed after one year from the original date of the prescription.
- Any drug labeled "Caution – limited by Federal Law for Investigational Use" or experimental drugs.
- Any drug which the Food and Drug Administration has determined to be contraindicated for the specific treatment.
- Drugs needed due to conditions caused, directly or indirectly, by a covered person taking part in a riot or other civil disorder; or the covered person taking part in the commission of a felony.
- Drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or any act of war; or drugs dispensed to a covered person while on active duty service in any armed forces.
- Any expenses related to the administration of any drug.
- Drugs or medicines taken while in or administered by a Hospital or any other health care facility or office.
- Drugs covered under Worker's Compensation, Medicare, Medicaid or other governmental program.
- Drugs, medicines or products which are not Medically Necessary.
- Diaphragms; erectile dysfunction Legend Drugs; and infertility Legend Drugs.
- Epi-Pen, Epi-Pen Jr., Ana-Kit, Ana-Guard; Glucagon-auto injection; and Imitrex-auto injection.
- Smoking deterrents, Legend or over-the-counter drugs.
- Replacement of stolen medication (except under circumstances

- approved by Us), or lost, spilled, broken or dropped Prescription Drugs.
- Vacation supplies of Prescription Drugs (except under circumstances approved by Us).
- All newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication.

### In addition, Critical Illness Benefits will not be paid for:

- Injury or Sickness, other than one of the Covered Illnesses, even though such Injury or Sickness may have been complicated by one of the Covered Illnesses;
- any complication of Human Immunodeficiency Virus (HIV) infection or any variance thereof including AIDS and AIDS Related Complex;
- the use, existence or escape of nuclear weapons, material or ionizing radiation from or contamination by radioactivity from any nuclear fuel or waste from the combustion of nuclear fuel;
- misuse of medication or the abuse of drugs or intoxicants;
- Any Preexisting Condition, except where coverage has been in effect for a period of twenty-four (24) consecutive months following the covered person's effective date of coverage. "Preexisting Condition" means a Sickness suffered by a covered person for which he or she sought or received medical advice, consultation, investigation, or diagnosis, or for which treatment was required or recommended by a Doctor during the 24 months immediately prior to the covered person's effective date of coverage, that directly or indirectly causes the condition to occur within the first 24 months from the covered person's most recent effective date of coverage.

Limited Accident & Sickness Medical, Accidental Death and Dismemberment, Critical Illness, Prescription Drug and Vision Plan coverages are underwritten or arranged by ACE American Insurance Company. This plan is not major medical insurance and is NOT designed to replace, provide, or modify major medical insurance.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

# Enrollment Form for Group Insurance

ACE American Insurance Company



## Step 1: Select Your Enrollment Method (choose one only)

- 1. **WEB** Enrollment - Go to: <http://artech.myternian.com>
- 2. **PHONE** Enrollment - Call: **1-877-574-7280**
- 3. **FAX** Enrollment - Fax to: **1-480-302-5220**

## Step 2: Select the plan(s) that you want. DETAILS AND PRICING FOR EACH PLAN ON PREVIOUS PAGES.

- |                                  |  |                              |
|----------------------------------|--|------------------------------|
| <b>HealthSelect</b>              | <b>CriticalMed</b>                     | <b>Dental</b>                |
| <input type="checkbox"/> Plan #1 | <input type="checkbox"/> \$25,000 Plan | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Plan #2 | <input type="checkbox"/> \$50,000 Plan |                              |

## Step 3: Select who you want to cover. CHECK ONLY ONE EVEN IF MULTIPLE PLANS ABOVE ARE SELECTED.

- I want to cover myself only       I want to cover myself and 1 dependent (spouse or child)       I want to cover my family

## Step 4: Provide the information that we need in order to enroll you and/or your family members.

|   |      |           |                 |   |
|---|------|-----------|-----------------|---|
| First Name  | M.I. | Last Name | Gender (M/F)    | Date of Birth   |
| Social Security Number                                    |      |           | Hire Date       |   |
| Street Address  | City | State     | Zip Code        |   |
| Email Address (REQUIRED for DoctorNavigator login access) |      |           | Primary Phone # | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell |

## DEPENDENT INFORMATION (IF ANY): For more than 3 dependents attach additional sheet.

|              |            |      |           |              |   |                         |
|--------------|------------|------|-----------|--------------|---|-------------------------|
| Spouse/Child | First Name | M.I. | Last Name | Gender (M/F) | Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No | Birth Date (mm/dd/yyyy) |
|              |            |      |           |              | Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
|              |            |      |           |              | Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |

## BENEFICIARY INFORMATION: Person who will receive benefits in the case of your death. You will be the beneficiary for dependents.

|                      |      |           |              |                     |
|----------------------|------|-----------|--------------|---------------------|
| First Name           | M.I. | Last Name | Gender (M/F) | Relationship to You |
| Employee's Signature |      |           | Date Signed  |                     |

## Declination Waiver: (check the box below if you are not enrolling in the plan; you do not need to sign/date the form):

- I choose not to enroll in the Limited Accident & Sickness Insurance Plan offered by my employer. I understand that, if at a later date, I wish to enroll in this plan, I will not be able to do so until there is another open enrollment period.

I have read the ACE American Insurance Company Limited Accident & Sickness Insurance Plan enrollment brochure, including the exclusions and limitations, and accept the terms and conditions of the coverage outlined in it. I understand the Limited Accident & Sickness Insurance Plan does not provide Major Medical or Comprehensive Medical coverage. I have read the enrollment brochure and understand my coverage is subject to the terms and conditions of the policy issued to my employer. I understand my coverage will go into effect on the date stated in the brochure only if I am in active service with my employer on that date. If I am not in active service on that date, my coverage will go into effect on the date I return to active service. If I have elected coverage for my dependents, their coverage will not go into effect prior to my effective date. I understand benefits are not payable for pregnancy or child birth unless conception occurs after the effective date of coverage. I authorize my employer to deduct the required premium for the plan I have elected from my pay. If direct billing is offered, I authorize Ternian Insurance Group to charge the required premium for the plan I have elected from my credit or debit card. To the best of my knowledge and belief, all information I have provided is true and complete. I understand my information is protected by privacy laws and will be released only in accordance with these laws. The only people who have access to this information are employees of the Insurance Company who service my policy or claim and other third parties authorized by the Insurance Company. Information may be disclosed to those who have an insurance-related regulatory or legal need for the information. In other situations, the Insurance Company will ask me for written authorization to disclosed information about me.

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

