ASSURANT Health®

NO COBRA .COM

Short Term Medical

NoCobra.com, Inc.
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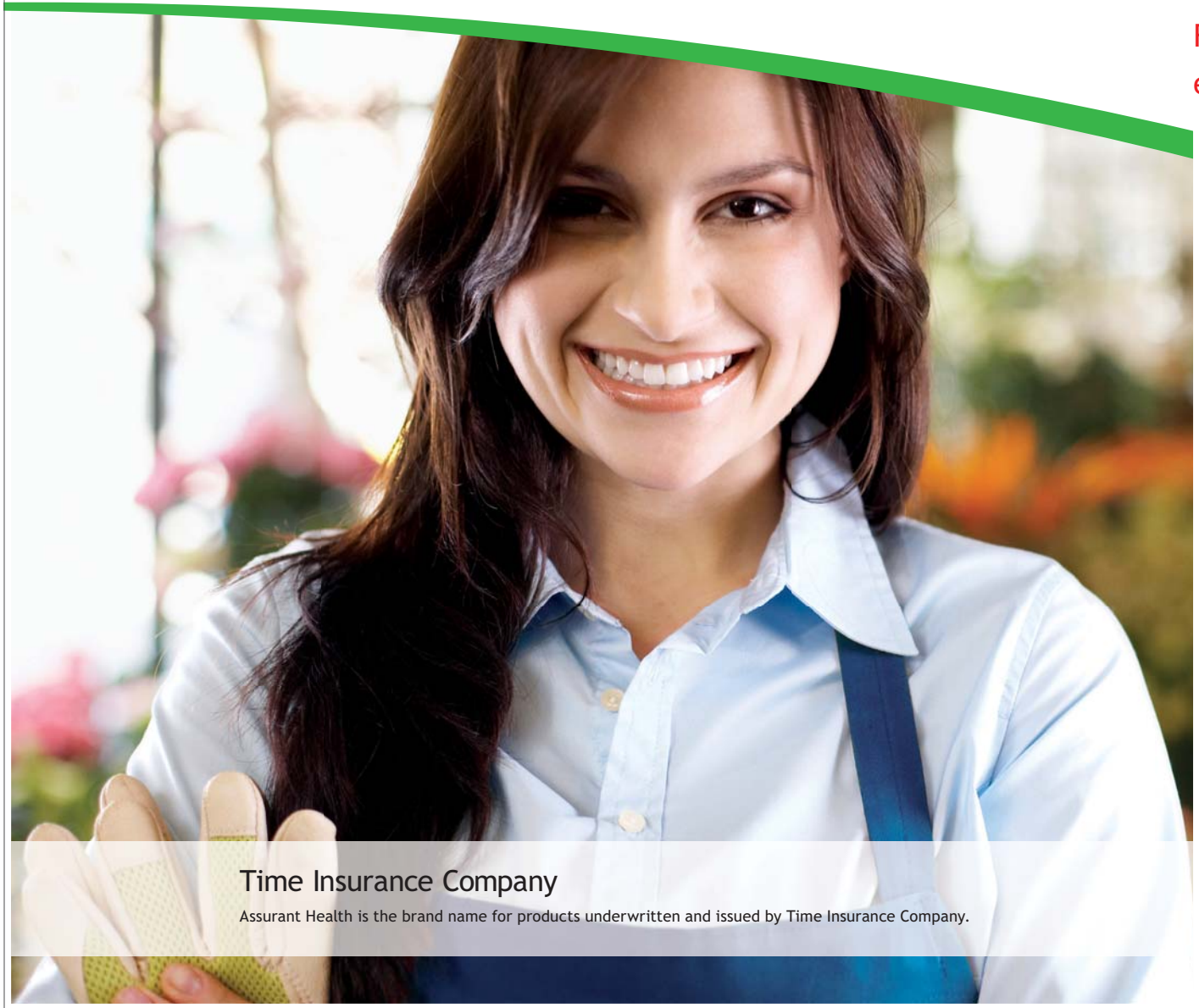

Coverage for **unexpected** illness and injury

Time Insurance Company

Assurant Health is the brand name for products underwritten and issued by Time Insurance Company.

ASSURANT Health®

You need the financial protection of health insurance. How do you choose a plan that's affordable and provides the protection you need?

Consider Short Term Medical.

Affordable financial protection

Short Term Medical plans are affordable because they provide insurance coverage in a different way. Short Term Medical protects you from the medical bills that can result from unexpected injuries and illnesses, without coverage for preventive or routine care.

Short Term Medical is not minimum essential coverage.

GET THE COVERAGE YOU NEED WITH SHORT TERM MEDICAL

You can rely on Assurant Health Short Term Medical plans to provide the insurance coverage you need. We were one of the first to offer short term plans, and we've remained a leader ever since.

- **Plans available up to 180 days**
- **Coverage as soon as the day after you apply**
- **Flexibility to choose your own doctors and hospitals, with no network restrictions**
- **One common family deductible for length of policy**
- **Prescription drug coverage**

Choose Assurant Health

FEEL SECURE.

We have 120 years[1] of experience and an A- (Excellent) rating.[2]

FEEL CONFIDENT.

You have access to convenient resources that make health care easier to understand and help you save money.

FEEL RESPECTED.

No matter your question, concern or request, you can contact us knowing we'll treat you with respect.

[1]Assurant Health is the brand name for products underwritten and issued by Time Insurance Company (est. 1892).

[2]Source: A.M. Best Ratings and Analysis of Time Insurance Company, December 2012.

Choose your Short Term Medical plan

Covered expenses are subject to your selected deductible and coinsurance.

DOCTOR VISITS	• Covered for unexpected illness and injury • You may choose your own doctors • Discounts for using doctors in the PHCS network — on average 20-35% savings[1]
HOSPITAL BENEFITS	• Inpatient and outpatient services are covered • Discounts for using facilities in the PHCS network — on average 20-35% savings[1]
EMERGENCY ROOM CARE	Covered
AMBULANCE	Service to nearest hospital able to treat condition
OUTPATIENT SERVICES	Covered
PRESCRIPTION DRUG BENEFITS	Covered
X-RAY AND LABORATORY	• Covered • Discounts for using Lab Card Select for lab testing — 20-60% savings
TRANSPLANT BENEFITS	$100,000, with a limit of $10,000 in donor expenses
DEDUCTIBLE[2] (The amount you must pay before Assurant Health pays benefits)	• $1,000, $2,500, $3,500 and $5,000 options available • **One family deductible:** Only one deductible needs to be satisfied for all covered family members
COINSURANCE (Assurant Health's portion/your portion in covered charges up to your out-of-pocket maximum after you meet your deductible)	• 50%/50%, 80%/20% and 100% options available • After you pay your deductible and reach the coinsurance out-of-pocket maximum, Assurant Health pays 100% of additional covered charges, up to the plan lifetime maximum
LIFETIME MAXIMUM (Maximum amount your plan will pay toward medical bills per covered person)	$2 million

[1] Not applicable in Rhode Island.

[2] Deductible options may vary by state.

You can pay for Short Term Medical by the month or in one lump sum.

Save 20% when you pay up front!

ASSURANT Health®

Decide if Short Term Medical is right *for you*

Short Term Medical coverage isn't right for everybody. To decide if it's right for you, think about the benefits you value and conditions you want to cover. To secure specific benefits, such as maternity care, and gain coverage for conditions you already have, you may want to consider a major medical plan that incorporates full health care reform benefits, often called a metallic plan.

Pre-existing conditions

Since Short Term Medical covers unexpected illnesses and injuries, it does not cover pre-existing conditions. While the definition of "pre-existing condition" varies by state, in general it's a condition that has been diagnosed or treated, or for which you experienced signs or symptoms, during the five years immediately prior to the date your Short Term Medical plan began.

You can find your state's definition of pre-existing condition on your rate sheet. If you have a pre-existing condition you need coverage for, you may want to purchase a metallic plan that includes health care reform benefits.

Not minimum essential coverage

Short Term Medical is not minimum essential coverage. That means if you insure yourself with Short Term Medical instead of a metallic plan that meets reform requirements, you may have to pay a tax penalty, depending on your income and the cost of available metallic plans.

SHORT TERM MEDICAL PAYS FOR

- **Unexpected sicknesses**
- **Unexpected injuries**
- **Accidents**

SHORT TERM MEDICAL DOES NOT PAY FOR

- **Preventive and routine medical care**
- **Dental and vision care**
- **Maternity care**
- **Mental health**
- **Conditions that existed before the plan began**

Varies by state

ASSURANT Health®

How Short Term Medical pays benefits

FIRST

YOU PAY A DEDUCTIBLE OF BETWEEN $1,000 AND $5,000

Your deductible is the amount you must pay before Assurant Health pays benefits

THEN

100%/0% coinsurance	or	80%/20% coinsurance	or	50%/50% coinsurance
You pay nothing more than your deductible for covered charges		You pay 20% of any additional covered charges, up to $2,000*		You pay 50% of any additional covered charges, up to $5,000*

THEREAFTER

Assurant Health pays all remaining covered charges, up to the plan maximum of $2 million per covered individual

ASSURANT Health®

After your Short Term Medical plan expires

This short term major medical policy is nonrenewable, and plan termination is not considered a qualifying life event for purposes of enrolling in a metallic plan. Therefore, depending on your plan's termination date, when your Short Term Medical plan expires, you may have a gap in insurance coverage until you can begin coverage with a new Short Term Medical or other health plan.

Contract numbers 135/136/137

This brochure provides summary information. Please refer to the insurance policy or ask your agent for a complete listing of benefits, exclusions and terms of coverage.

KNOW WHAT'S NOT COVERED

Knowing exactly what your health plan does and doesn't cover is important. To give you the best possible experience, we offer this summary of what is not covered. Complete details are included in your insurance contract.

- Treatment of a pre-existing condition, including those not inquired about on the enrollment form
- Preventive treatment, examinations or immunizations
- Illness or injury that is self-inflicted or caused while engaged in a felony, under the influence of an illegal substance, driving under the influence, in military service, in a hazardous occupation or activity, or while engaged in intercollegiate sports
- Vision or dental treatments, foot care or orthotics
- Expenses incurred outside the United States, its possessions and Canada
- Maternity, genetics or fertility treatment or testing
- Custodial care or private duty nursing
- Cosmetic, experimental, investigational or not medically necessary treatment
- Treatment of mental illness or substance abuse

Note: Plan limits may vary by state. Please review the back of your rate sheet for a full list of state specific exclusions.

California

Chart 1 - Primary Insured/Spouse Daily Rate

AGE	Deductible			
	$1,000	$2,500	$3,500	$5,000
0-14	1.44	0.95	0.80	0.60
15-19	1.78	1.25	1.10	0.91
20-24	1.73	1.10	0.95	0.77
25-29	1.59	0.97	0.95	0.69
30-34	1.62	1.10	1.05	0.71
35-39	2.05	1.26	1.15	0.95
40-44	2.43	1.52	1.31	1.04
45-49	2.89	1.75	1.50	1.26
50-54	3.86	2.51	2.16	1.74
55-59	5.08	3.26	2.81	2.28
60-64	8.14	5.07	4.37	3.61

Chart 2 - Dependent Child Daily Rate

AGE	Deductible			
	$1,000	$2,500	$3,500	$5,000
Per Child	1.10	0.60	0.60	0.48

Chart 3 - Zip Code Factor

Zip Code	
900-907, 918	7.12
908-917, 946-947	7.30
All Other CA	6.75

Chart 4 - Deductible and Coinsurance Factor Table

	Deductible			
	$1,000	$2,500	$3,500	$5,000
50%	.80	.76	.76	.76
80%	1.00	.97	.97	.97
100%	N/A	1.34	1.22	1.10

Premium Calculation Instructions

Refer to charts on the left when figuring the premium

	Single Payment	Monthly Payment
Step 1. Choose a payment option - single or monthly		
Step 2. List each applicant's daily rate. Rate chart is set up by age and deductible.* a) Primary insured rate	_____	_____
b) Spouse rate ..... (see Chart 1)	+_____	+_____
SUBTOTAL =	_____	_____
Step 3. List the per child rate (Chart 2). Enter the number of dependent child(ren). Multiply the rate by the number of children.	_____ x_____	_____ x_____
SUBTOTAL =	_____	_____
Step 4. Add the subtotal from Step 2 and 3. **SUBTOTAL =**	_____	_____
Step 5. Monthly factor. Multiply by the subtotal in Step 4.	x 1.00	x 1.28
SUBTOTAL =	_____	_____
Step 6. Enter Zip Code Factor (Chart 4). Multiply by subtotal in Step 5.	x_____	x_____
SUBTOTAL =	_____	_____
Step 7. Enter the number of days of coverage. Multiply the number of days by the subtotal in Step 6.	x_____ Minimum 30 Maximum 180	x 30
SUBTOTAL =	_____	_____
Step 8. Coinsurance Enter the Coinsurance Factor (Chart 4) Multiply by the subtotal in step 7.	x_____	x_____
SUBTOTAL =	_____	_____
Step 9. Application Fee** Add fee to subtotal in Step 8.	+ $25.00	+ $25.00
TOTAL =	_____	_____
*Choose one deductible amount per policy ** Application fee is added to first month's premium only	**Enter this amount on the enrollment form in the box marked TOTAL**	

California

Applying for another STM plan

When your plan expires, you may be eligible for another plan depending on how long you have been covered by Short Term Medical plans. Short Term Medical is temporary coverage, so plans cannot be renewed like permanent insurance. If you are issued a new Short Term Medical plan, the new plan will not provide benefits for any conditions or symptoms that existed during the previous plan.

Keep in mind that short term plans are not meant to be a substitute for permanent health insurance coverage. An Assurant Health Individual Medical plan may be a better option.

Eligibility

To be considered for coverage, each person must be between the age of 30 days and 64 years, 11 months. To be considered dependents, your child(ren) must be age 18 or younger, or 24 or younger if full-time student.

Extended protection

If you become injured or ill while your plan is in force

• your benefits may be extended at no additional cost for up to 12 months if you are hospitalized.

• you can receive up to $1,000 in benefits at no additional cost for up to 60 days if you have a nondisabling condition.

Premium refunds

If you aren't completely satisfied with your Short Term Medical plan, simply call and cancel coverage within 10 days of delivery and receive a premium refund, no questions asked. The one-time application fee is not refundable. Keep in mind that premium is not refundable *after* the 10 day period for any unused premium. For example, if you select coverage for 60 days and end up requiring only 45 days of coverage, there is no premium refund on the remainder.

Language Assistance Program (LAP) Notice

IMPORTANT: You can get an interpreter at no cost to talk to your doctor or health insurance company. To get an interpreter or to ask about written information in Spanish, first call your insurance company's phone number at 800.800.1212. Someone who speaks Spanish can help you. If you need more help, call the Department of Insurance Hotline at 800.927.4357.

IMPORTANTE: Puede obtener la ayuda de un interprete sin costo alguno para hablar con su medico o con su compania de seguros. Para obtener la ayuda de un interprete o preguntar sobre informacion escrita en espanol, primero llame al numbero de telefono de du compania de seguros al: 800.800.1212. Alquien que habla espanol puede ayudarle. Si necesita ayuda adicional, llame a la linea directa del Departamento de seguros al 800.927.4357.

Exclusions

- Charges for sickness or injury caused or aggravated by suicide, attempted suicide or self-inflicted sickness or injury, even if you did not intend to cause the harm which resulted from the action which led to the self-inflicted sickness or injury. This exclusion applies whether sane or insane at the time of the suicide, attempted suicide or self-inflicted sickness or injury.
- Sickness or injury to the extent that benefits are paid by medicare or any other government law or program, except medicaid (medi-cal in California); or medical coverage under any automobile or no fault insurance.
- Sickness or injury eligible for benefits under worker's compensation, employers' liability or similar laws even when you do not file a claim for benefits.
- Treatment of sickness or injury caused by or contributed to by:
  - War or any act of war; or
  - Participation in the military service of any country. Any premium paid for a time not covered will be returned pro-rata.
- Charges for dental care, including dental braces and dental appliances, except as provided in the benefits section or unless a hospital stay is required due to injury from an accidental blow to the mouth causing trauma to sound, natural teeth, the gums or supporting structures of the teeth. A sound, natural tooth has no decay and has never had a filling, root canal therapy or crown. Inpatient hospital care must be the least expensive setting needed to produce a professionally adequate result and the hospital charges only are covered expense. The treatment must be received while the certificate is in force.
- Charges for:
  - Eyeglasses, contact lenses, eye exams, eye refraction or eye surgery for correction of refraction error; vision therapy; or artificial hearing devices.
  - Preventive treatment including, but not limited to, routine physical exams and immunizations, unless otherwise noted as a covered expense in this certificate or a rider to this certificate.
  - Treatment, services or supplies to address: smoking cessation; snoring or sleep disorders; the treatment or prevention of hair loss; change in skin pigmentation; or cognitive enhancement.
  - Weight reduction or weight control programs or treatment; or surgery for weight control, obesity or morbid obesity or any type of gastric bypass surgery.
  - Therapy or treatment for learning disorders or disabilities or developmental delays.
  - Custodial care; respite care; rest care; or supportive care.
  - Private duty nursing services rendered during hospital confinement; or standby health care practitioners.
  - Sales tax or gross receipt tax; provider administrative expenses including, but not limited to, charges for claim filing, contacting utilization review organizations, and case management fees.
- Cosmetic treatment or reconstructive or plastic surgery that is primarily a cosmetic procedure, including medical or surgical complications arising therefrom, except as provided in the benefits section.
- Treatment of mental illness or substance abuse, whether organic or non-organic, chemical or non-chemical, biological or non-biological in origin and irrespective of cause, basis or inducement, unless otherwise noted as a covered expense in this certificate or a rider to this certificate. Severe mental illness and serious emotional disturbances in covered dependent children are covered expenses under this certificate. Refer to the benefits section for coverage information.

California

Exclusions *continued*

- Treatment or services rendered by, or supplies purchased from, a member of your immediate family or an employer.
- Treatment or services required due to injury received while engaging in any hazardous occupation or other activity, including, but not limited to: participating, instructing, demonstrating, guiding or accompanying others in parachute jumping, hang-gliding, bungee jumping, flight in an aircraft other than a regularly scheduled flight by an airline, racing any motorized or non-motorized vehicle, rock or mountain climbing, parkour, and extreme sports . Also excluded are treatment and services required due to injury received while practicing, exercising, undergoing conditioning or physical preparation for any such activity.
- Treatment or services required due to injury received while engaging in any hazardous occupation or other activity for which compensation is received in any form, including sponsorship including, but not limited to: participating, instructing, demonstrating, guiding or accompanying others in skiing, horse riding, rodeo activities, professional or semi-professional sports, adult sporting competition at a national or international level and extreme sports. Also excluded are treatment and services required due to injury received while practicing, exercising, undergoing conditioning or physical preparation for any such compensated activity.
- Treatment or services required due to injury sustained while participating in any inter-collegiate sport, contest or competition or while practicing, exercising, undergoing conditioning or physical preparation for any such sport, contest or competition.
- Expense incurred due to sickness or injury of which a contributing cause was the insured's voluntary attempt to commit, participation in or commission of a felony, whether or not charged, or as a consequence of the insured's being under the influence of illegal narcotics.
- Expenses incurred outside of the United States or its possessions or Canada.
- Charges that are: incurred for experimental or investigational treatment in excess of the reasonable and customary amount; not medically necessary.
- Transplants, except as covered in the benefits section.
- Charges for foot conditions, including, but not limited to: care of corns, bunions, except capsular or bone surgery; calluses; toenails; and foot supportive devices, including orthotics and corrective shoes.
- Prophylactic treatment or services. Prophylactic means any surgery or other procedure performed to prevent a disease process from becoming evident in the organ or tissue at a later date.
- Drugs prescribed for treatment of a sickness or an injury that is not covered under this certificate.
- Charges for reproductive or sexual treatment including, but not limited to: normal pregnancy or childbirth; routine well baby care, including hospital nursery charges at birth; abortion, except as otherwise covered in the complications of pregnancy provision in the benefits section; infertility diagnosis and treatment for males and females including, but not limited to, drugs and medications, artificial insemination, in-vitro fertilization and reversal of sterilization; sterilization and drugs or devices used directly or indirectly to promote or prevent conception; unless other wised noted as a covered expense in this certificate, genetic testing or counseling including, but not limited to, amniocentesis and chorionic villi testing; and treatment of sexual dysfunction or inadequacy.

Short Term Medical and Health Care Reform

Short-term, limited duration plans are not subject to certain provisions of federal health care reform, including the provisions related to lifetime limits, dependent coverage, preventive care, and pre-existing conditions. The pre-existing condition exclusion for Short Term Medical plans will apply for all insureds, including those under the age of 19.

Know your plan. Short Term Medical plans offer affordable major medical coverage, but are underwritten and do not provide Minimum Essential Coverage. What does this mean for you?

- You may need to pay a tax penalty depending upon your income level and the cost of plans available.
- This plan is an affordable option because it is underwritten. Examples of the benefits STM plans do not cover are preventive care, maternity, mental health and benefits for ongoing medical conditions diagnosed prior to your plan.

Assurant Health has been in business since 1892 and is the brand name for products underwritten and issued by Time Insurance Company.
Contract number 135/136/137

30217-CA (Rev. 4/2014) For effective dates of 7/1/2014 and later.

Assurant SHORT-TERM Health Insurance Coverage INSTRUCTIONS

******* California Only *******

Thank you for requesting more information on the Assurant PPO $2 Million Dollar Short-Term Health Insurance Policy!
If you live in California, the following carriers have stopped offering short-term coverage until further notice:

- Anthem Blue Cross
- Blue Shield of CA
- Health Net
- And many more!

Your deductible of choice is shared by ALL family members (if there is more than one person on the policy). **Your effective date can be as soon as midnight, the same day you apply**. Click on the Assurant logo on our website to figure out which plan is best for your unique situation.

STEP 1: CALCULATE MONTHLY PREMIUM
By clicking on the Assurant logo below or on our website, you can calculate your premium:

ASSURANT Health

STEP 2: ADD $25 – IT IS A (1) TIME ENROLLMENT FEE
There is a one-time application fee that you will be charged. It is $25 whether there is one applicant or multiple family members on the same application.

STEP 3: SEARCH FOR YOUR DOCTOR OR HOSPITAL
By clicking on the PHCS logo on our website, you can search for doctors and hospitals in the Private Health Care Systems network:

PHCS

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4 deductibles to choose from (shared by all family members):

- $1,000
- $2,500
- $3,500
- $5,000

There are 3 levels of co-insurance %:

(Assurant / You)
50% / 50%
80% / 20%
100% / 0%

HOW TO APPLY:

If you already know which plan is best for your situation, then go to the website and print the **"STM Application"**

1) Print out the 2 page application (pages 11 & 12 of the brochure or pages 2 & 3 of the application)
2) Complete, sign and date
3) Be sure to add the $25 (1) time enrollment fee for the 1st months premium
4) Scan it back in and email it to marc@nocobra.com or Fax it to (949) 713-7278 [24 hours/day].
   Snail Mail: NoCobra.com, Inc 27 Lazurite, Suite #100 Rancho Santa Margarita, CA 92688

If you have any questions, feel free to call or email anytime! Thank you for your business.

Marc L. Harris
Rancho Santa Margarita, CA
Direct Line: (949) 713-7222
Fax: (949) 713-7278
email: marc@nocobra.com

Best Value!
$3,500 Deductible
50% / 50% co-insurance

Visit Our Website!

NO COBRA .COM

Dental Insurance under..... $6/month!
Vision Insurance for ONLY.....$4/month!

**** IF YOU ARE IN A STATE OTHER THAN CALIFORNIA, THEN CLICK THIS LINK:**

Individual and Family Health Insurance
Get a FREE quote now!

Short Term Medical Enrollment Form Time Insurance Company **CALIFORNIA**

Requested Effective Date			Certificate/Policy Number
Month	Day	Year	

Applicant's Name (print last, first, middle)	Gender	Birth Date	Social Security Number

Street Address	City, State, ZIP Code

Spouse's/Domestic Partner's Name (if to be insured)	Gender	Birth Date	Social Security Number

Children (Name) (if to be insured)	Birth Date	Name	Birth Date	Name	Birth Date
1.		2.		3.	

Note: Under no circumstances can coverage become effective prior to the date this application is signed.

California law prohibits an HIV test from being required or used by health care plans as a condition of obtaining coverage.

Answer the following questions completely and accurately.

		Primary	Spouse	Child 1	Child 2	Child 3
1. Have/Are you, your spouse, or any person to be Insured: ◆ now pregnant, an expectant parent, in the process of adopting a child or undergoing infertility treatment? ◆ over 300 pounds if male, or over 250 pounds if female?	Yes	☐	☐	☐	☐	☐
	No	☐	☐	☐	☐	☐
	Not Sure	☐	☐	☐	☐	☐
2. In the past 15 days have you or any person to be insured: been seen by a healthcare professional for any reason other than a routine checkup or been admitted to a hospital?	Yes	☐	☐	☐	☐	☐
	No	☐	☐	☐	☐	☐
	Not Sure	☐	☐	☐	☐	☐
3. In the past 12 months, have you or any person to be insured: been recommended to have or been scheduled for diagnostic testing, treatment or surgery that has not been completed?	Yes	☐	☐	☐	☐	☐
	No	☐	☐	☐	☐	☐
	Not Sure	☐	☐	☐	☐	☐
4. For any of the following conditions within the last 5 years, have you or any person to be insured received any abnormal test results or medical or surgical treatment, or consulted a health care professional, or taken medication for: ◆ heart disorder? ◆ emphysema, Chronic Obstructive Pulmonary Disease (COPD)? ◆ Crohn's disease, ulcerative colitis or hepatitis (B or C)? ◆ AIDS/ARC excluding abnormal test results for HIV status? ◆ stroke? ◆ diabetes, except Gestational Diabetes? ◆ cancer or tumor except Basal Cell Skin Cancer which has been removed? ◆ alcoholism, chemical dependency, drug or alcohol abuse? ◆ Pervasive Developmental Disorders, Autism Spectrum Disorder, Autism, Asperger's Disorder?	Yes	☐	☐	☐	☐	☐
	No	☐	☐	☐	☐	☐
	Not Sure	☐	☐	☐	☐	☐

Deductible Amount	Payment Option and Length of Coverage	Coinsurance	Total
☐ $ 1,000* ☐ $ 2,500 ☐ $ 3,500 ☐ $ 5,000 * *Available only with 50% or 80% Coinsurance*	☐ Single Payment — Total number of days needed _____ ☐ Monthly Payment — Coverage is needed for: up to 6 months (30-180 days)	☐ 100%* ☐ 80% ☐ 50% * *Not available with the $1,000 deductible*	

OPTIONAL RIDER (Additional premium required) I hereby select this/these benefit(s): N/A

☐ ~~Accident Medical Expense~~ ☐ ~~Dental-Vision Discount Plan~~

Please provide the **name**, **address**, **phone number** and **policy number** for each health insurance policy you had during the previous 12 months.

Name	Address	Telephone Number	Policy Number

The undersigned attests that the information above is true to the best of his/her knowledge. The undersigned realizes that any false, or inaccurate statement or misrepresentation in the enrollment form may result in claim denial or contract rescission. Any person who injures, defrauds, or deceives any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. Where the undersigned is 19 years or older, the undersigned understands that the plan applied for will not pay benefits for any expenses incurred on account of a pre-exisiting medical condition.

If I am self employed or an employee of an employer with 50 or fewer employees, I warrant premiums for this coverage are not: (1) Paid or reimbursed by my employer or, (2) To the best of my knowledge, treated as tax-deductible by my employer or me as related to an employer benefit plan (internal Revenue Code sections 106,125,162 or 213).

Primary Physician's Name (if any)	Primary Physician's Telephone Number
X **Applicant's Signature**	**Today's Date**
Day Telephone Number	Evening Telephone Number

Agent Attestation (To be completed only by the Agent)

Check the box that indicates your participation.

☐ I did assist the applicant in the application process

As an agent or broker who assisted an applicant in submitting an application to Time Insurance Company, I am attesting that to the best of my knowledge, the information on the application is complete and accurate. I further attest that I have explained to the applicant, in easy to understand language, the risk to the applicant of providing inaccurate information and that the applicant understood the explanation.

I understand that if I, as the agent, willfully state as true any material fact that I know to be false, I will, in addition to any applicable penalties or remedies available under current law, be subject to a civil penalty of up to $10,000. Any public prosecutor may bring a civil action to impose that penalty. These penalties will be paid to the Insurance Fund.

☒ I did not assist the applicant in the application process

Agent's Signature	Agent's Name	
	Marc L. Harris / NoCobra.com, Inc	
Agent's Number	Date Completed	Today's Date
000676ED000001		

Form 28786.CA (Rev. 12/2010)

Electronic Policy Option

I would like to receive my policy and the company's "Notice of Privacy Practice" via the Internet.....☐ **Yes** ☐ **No** **To receive policy delivery via the Internet, you must provide your email address in the space to the right.** ➡	Email Address

Payment Information

Step 1: Select a Method of Payment:

☐ MasterCard ☐ Visa ☐ Check Automatic charge: ☐ Checking ☐ Savings account *(Only available with the Monthly Payment Option)*

When submitting via paper application, please submit first month premium via check along with a separate voided check

Bank Routing Number:_____ Account Number:_____

▼ Enter your Credit Card information here ▼

Card # ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ Exp. Date: _____ /_____

Authorized Amount $ _____ (Insert Initial Premium Payment Amount)

Important Reminders: The application fee is non-refundable. There will be no refund of premium after the 10-day free look period in the contract.

Step 2: Authorization

- **When selecting the single payment option with MasterCard/Visa:** I authorize Assurant Health to charge my account for the Short Term Medical policy listed above.
- **When selecting the monthly payment option with MasterCard/Visa or Automatic Charge to a checking or savings account:** I authorize Assurant Health to charge my account each month for the Short Term Medical policy listed above, until the end of the policy or until I request cancellation in writing. I understand I can request the charge be stopped if I notify Assurant Health seven days in advance of the charge occurring.

X **Account Holder's Signature**	**Date**	App Source
X		
Agent Name	Agent ID#	Confirmation Code (home office use only)
Marc L Harris / NoCobra.com, Inc	000676ED000001	