National General
Accident & Health

Thank you for your interest in Short Term Care

You're making a wise decision. Having a plan that pays cash benefits for out-of-pocket costs resulting from time spent in rehabilitation centers, nursing homes, and home care can help ease the burden of these costs on your finances and the ones you love. Choosing a plan now can lock in a low rate and maximize the impact of your benefits.

You have just a few more steps to go before owning your own plan. Please complete the following:

1. **Fill out the provided application**
2. **Using your personal information, work with your agent to determine your monthly premium rate**
3. **Select your payment option**
4. **Place your signature at the bottom of the completed application and fax it to:**

   414-999-2292

We'll notify you when the application process is completed

National Health Insurance Company

Dallas, TX 75266

Requested Effective Date _____

Application for Short Term Recovery Care Insurance ☐ **NEW** **List Bill Account #** _____

☐ **CHANGE Policy #**_____ ☐ **REINSTATEMENT Policy #**_____

Please print or type all information

1. Proposed Insured (first, middle, last)		2. Gender ☐ M ☐ F	3. Birth Date
4. Proposed Insured SSN	5. Phone Number	6. Email Address	
7. Street Address Apt.# City State Zip			
8. Marital Status ☐ Single ☐ Married (select one) ☐ Check if Spouse is also applying for Coverage (Name) _____			
9. Employer's Name			
10. Employer's Address			
11. Occupation and Position		12. Employment Date	
13. Have you been actively at work at least 30 hours per week for the past 90 days? ☐ Yes ☐ No			
14. Daily Benefit Requested ☐ $50 ☐ $100 ☐ $200 ☐ $300			
15. Coverage Options Base Plan: Nursing Home, Assisted Living and Home Care Policy Benefit/Elimination Period: (choose one) ☐ 0 day EP – 180 day BP ☐ 20 day EP – 180 day BP ☐ 0 day EP – 360 day BP ☐ 20 day EP – 360 day BP			

	Yes	**No**
16.Is the proposed insured replacing any type of short-term care insurance, short-term recovery insurance, long-term care insurance, or other similar accident and sickness insurance?	☐	☐

National Health Insurance Company
Dallas, TX 75266

Medical History Section - Application for Short Term Recovery Care Insurance

Height _____ **Weight** _____

Note: The plan cannot be issued to any person who answers YES to any of the following questions.
All applicants need to complete questions 1 – 12

	Yes	No
1. Are you currently covered under Medicaid (not Medicare)?	☐	☐
2. Are you currently disabled or applying for disability benefits?	☐	☐
3. In the past 3 years have you received home care, used an adult day care facility, been confined to or advised to enter an assisted living facility or nursing home, or other long-term-care facility?	☐	☐
4. Within the past 12 months, have you needed assistance for: Bathing, Eating, Dressing, Toileting, Continence (Bowel or Bladder Control), Transferring in or out of Bed or Chair, Walking, House Cleaning, Shopping**,** Managing Finances, Driving/Arranging Transportation, Cooking/Meal preparation, Laundry, Taking Medication, or Using the telephone?	☐	☐
5. Within the past 12 months, have you used: Tri or Quad Cane, Walker, Wheelchair, Oxygen, Respirator, Kidney Dialysis, or Motorized Mobility Device (Scooter)?	☐	☐
6. Are you blind, deaf or have an impairment of vision or hearing that is not corrected with glasses or a hearing aid?	☐	☐
7. Have you missed more than 15 days of work in the last 12 months due to injury or illness?	☐	☐
8. Within the last 12 months, have you received medical or surgical treatment or consulted a health care professional for an injury, disease, or disorder of the back, neck, limb, or a joint, excluding sprains, strains, tendonitis, or bursitis?	☐	☐
9. Within the last 3 years has insulin been prescribed or recommended, or have two or more medications (oral or injectable) been prescribed or recommended, to treat Diabetes Mellitus or Prediabetes?	☐	☐
10. Within the last 3 years have injections, IV infusions, or daily use of narcotics been prescribed or recommended to treat Arthritis?	☐	☐
11. Within the last 5 years, have you received any abnormal test results or medical or surgical treatment, or consulted a health care professional, or has medication been prescribed or recommended for any of the following conditions:	☐	☐
• Acquired immunodeficiency syndrome (AIDS), AIDS related complex (ARC) or tested positive for Human Immunodeficiency Virus (HIV)?	☐	☐
• Kidney disorders, excluding kidney stones?	☐	☐
• Liver disorders or Hepatitis B or C, excluding fully recovered Hepatitis A?	☐	☐
• Heart disorder, excluding Mitral Valve Prolapse (MVP) or surgically corrected or closed Atrial Septal Defect (ASD)/Ventricular Septal Defect (VSD)?	☐	☐
• Coronary Artery Disease (CAD), Heart Attack or had Heart Surgery?	☐	☐
• Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD), Neuropathy, or Amputation?	☐	☐
• Stroke, Transient Ischemic Attack (TIA), or Carotid Artery Disease	☐	☐
• Cancer or Tumor (excluding non-melanoma skin cancers and cancer in situ), Including, but not limited to, Leukemia, Melanoma, Hodgkins Lymphoma or Non-Hodgins Lymphoma (NHL)?	☐	☐
• Neurological or Neuromuscular conditions including, but not limited to, Huntington's Chorea, Myasthenia Gravis, Cerebral Palsy, Muscular Dystrophy, Multiple Sclerosis or Parkinson's Disease, Amyotrophic Lateral Sclerosis (ALS), or Pick's Disease?	☐	☐
• Memory loss, dementia, Alzheimer's Disease, or other degenerative diseases of the nervous system?	☐	☐

• Emphysema, Chronic Obstructive Pulmonary Disease (COPD), Pulmonary Fibrosis, Cystic Fibrosis, or Chronic Bronchitis?	☐ ☐
• Systemic Lupus Erythematosus?	☐ ☐
• Rheumatoid Arthritis?	☐ ☐
• Any condition for which a surgery or procedure whose purpose is to promote weight-loss was recommended or performed?	☐ ☐
• Tuberculosis (TB)?	☐ ☐
• Osteoporosis related fractures?	☐ ☐
• Psychotic disorder or schizophrenia?	☐ ☐
• Alcoholism, Alcohol or Chemical Dependency, or Drug or Alcohol abuse, or use disorder	☐ ☐
12. In the last 12 months, has any proposed insured been recommended or scheduled for diagnostic testing, consultation, treatment, or surgery that has not been completed?	☐ ☐

It is understood and agreed that this application shall be attached to and be a part of the Policy applied for. No Insurance shall be effective until approved by National Health Insurance Company, or its designee, at its home office.

I understand that covered persons under this Short Term Recovery Care Plan are covered by individual insurance benefits. The individual insurance benefits vary depending on the plan that is selected. These benefits are provided under an individual insurance policy underwritten by National Health Insurance Company and subject to the exclusions, limitations, terms and conditions of coverage as set forth in the insurance policy. This is not basic health insurance or major medical coverage. This is not designated as a substitute for basic health insurance or major medical coverage. This is a Short Term Recovery Care Plan that provides for limitations to the coverage which are disclosed in the policy.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer who files a statement of claim or an application or enrollment form containing any false, incomplete, or misleading information may be guilty of a crime and may be subject to fines and confinement in prison.

Dated at: _____ By: _____
(City, State) (Applicant Signature)

On: _____ By: _____
Date (mm/dd/yyyy) (Printed Agent/Broker Name)

_____
(Signature of Agent/Broker)

National Health Insurance Company

Dallas, TX 75266

DECLARATION

To the best of my knowledge, I have answered all questions completely and truthfully. I understand that the company will use this information to determine if my application is acceptable. I understand that the coverage I am applying for is medically underwritten. I understand that my coverage will begin when I am notified of the effective date of coverage. In order for me to receive benefits under the policy, I understand that I must satisfy the elimination period and the benefit eligibility requirements as set forth in the policy.

I have received the Outline of Coverage. (Only in required states)

I understand that the Agent/Broker and any managing entities, may receive compensation as a result of my purchase.

CAUTION: If your answers on this application are incorrect or untrue, or you fail to include all material medical information requested, National Health Insurance Company may have the right to deny benefits or rescind your policy.

I understand that with this signature I am agreeing with all applicable conditions contained in this Section.

Dated at: _____ By: _____

(City, State) (Applicant Signature)

On: _____

Date (mm/dd/yyyy)

HIPAA MEDICAL AUTHORIZATION

This is a HIPAA compliant authorization. "HIPAA" is the Health Insurance Portability and Accountability Act of 1996, as amended.

I hereby authorize the following uses and disclosures of medical information about me.

In order to determine my eligibility for insurance, I hereby authorize any health care provider or medically related facility, pharmacy, pharmacy benefit manager or pharmacy related facility, IntelliScript, consumer reporting agency, insurance or reinsurance company, employer, or any other third party having information about me to provide all such information including information regarding employment, other insurance coverage, personal information, medical or pharmacy care, advice, treatment, or medication use as may be requested to National Health Insurance Company (or any consumer reporting agency authorized by National Health Insurance Company), its legal representative, its business associate to facilitate underwriting determinations or any medical records retrieval service National Health Insurance Company may engage, including, but not limited to, Examination Management Services, Inc. and its agents.

Although federal regulations require that we inform you of the potential that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer be protected by such regulation, all information received by National Health Insurance Company pursuant to this authorization will be protected by federal and state privacy laws and regulations.

I understand that this authorization is required in order to enable National Health Insurance Company to make eligibility or application determinations relating to me and/or my minor children or for National Health Insurance Company's underwriting or risk rating determinations. If I refuse to sign or revoke this authorization, National Health Insurance Company may refuse to consider my application.

I agree that this authorization will be valid for 24 months from the date signed below and that a photocopy shall be as valid as this original. You may revoke this authorization at any time by giving written notice of revocation to the Short Term Recovery Care Privacy Officer, PO Box 29, Bloomfield, CT 06002. Revocation will not affect any action taken in reliance on this authorization before written notice of revocation is received.

Although voluntary, this authorization is required to determine your eligibility for coverage.

PRINT APPLICANT NAME: _____

APPLICANT DATE OF BIRTH: _____

APPLICANT SOCIAL SECURITY NUMBER: _____

APPLICANT SIGNATURE: _____ DATE: _____

National General
Accident & Health

Payment Authorization From

Credit Card Payment
Accepted cards include Visa, MasterCard, Discover

Credit Card number: _____

Expiration date: _____/_____

Security Code/CVV: _____

Cardholder First/last name*:*

(Please print) _____

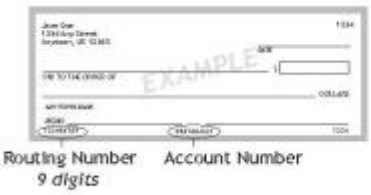
(ACH) Monthly Automatic Payment

Bank Name: _____

City: _____ State: _____

Select Account Type (Please circle one)

Checking



Savings

If checking is selected, please provide a copy of a cancelled check and complete the following:

Routing Number: _____Account Number: _____

Authorizing Signor's Name:

(Please print) _____

AUTHORIZATION FOR AUTOMATIC PAYMENT — please sign below

I authorize National General Accident & Health to withdraw funds or charge my account as directed in my Payment Information above. I agree subsequent payments can be withdrawn or charged until National General Accident & Health has received written notification from me to stop future charges and has a reasonable opportunity to act on the notification.

Authorizing Signor's Signature:_____

Date: _____

National General Accident & Health markets products underwritten and issued by Time Insurance Company, National Health Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation.

If your premium payment is being paid by ACH/Credit Card Payment method, you also agree:

The accountholder of the bank account or credit card provided during this enrollment process authorizes and requests the Company to initiate automatic electronic payments against such indicated bank account or credit card for the payment of premiums and other indicated monthly dues included in the plan(s) being purchased during this enrollment process. Accountholder agrees that the electronic payment authorization for such automatic payments may be terminated by providing written notice to the Company.

If your premium payment is being submitted by a List Bill Account Owner, you also agree:

I understand I have applied for coverage with National General Accident & Health and have selected List Bill as my payment method for the coverage in which List Bill is available. In order to utilize the List Bill Payment method, I agree to all of the following:

- I have voluntarily applied for coverage from National General. I understand these plans may be underwritten and are not guaranteed coverage. I also understand this is not Employer Sponsored coverage.
- I have agreed to provide my premium payments to the List Bill Account Owner by way of a deduction from my paycheck or otherwise. I understand that the List Bill Account Owner will submit such payments to National General for payment of the coverage for which I've applied.
- I understand that if the List Bill Account Owner fails to pay the required premium when due, my coverage may be terminated under the terms of the Policy or Certificate due to lack of payment. I further acknowledge this may occur even if the List Bill Account Owner has deducted such amount due from my paycheck, or I have otherwise provided my payment to the List Bill Account Owner. I understand any questions regarding my payments should be directed to the List Bill Account Owner.
- I understand National General and the List Bill Account Owner have the right to terminate the List Bill Agreement at any time, for any reason. If I wish to continue coverage I will be required to submit my payments directly to National General.
- I understand I may terminate my participation in the List Bill Agreement by providing a 30-day written notice to National General. If I choose to continue my coverage, I will be required to submit future premium payments directly to National General.

I agree to submit this application by electronic means. By signing this application electronically, I certify that my answers are correct and complete to the best of my knowledge, including information provided for each applicant applying for benefits. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Signature_____

Print Name _____

Date_____

National General
Accident & Health

Short Term Care rate sheet

Elimination Period: 0 days
Benefit Period: 180 days

$50 daily benefit			
Age	Individual rate	Married rate 5% deduction	Married rate 10% deduction
<51	$8.42	$8.00	$7.58
51	$8.95	$8.50	$8.06
52	$9.48	$9.00	$8.53
53	$10.00	$9.50	$9.00
54	$10.53	$10.00	$9.48
55	$11.06	$10.51	$9.95
56	$11.97	$11.38	$10.78
57	$12.89	$12.25	$11.60
58	$13.81	$13.12	$12.43
59	$14.72	$13.98	$13.25
60	$15.64	$14.85	$14.07
61	$17.01	$16.16	$15.31
62	$18.39	$17.47	$16.55
63	$19.77	$18.78	$17.79
64	$21.14	$20.08	$19.03
65	$22.52	$21.39	$20.27
66	$24.89	$23.64	$22.40
67	$27.25	$25.89	$24.53
68	$29.62	$28.14	$26.66
69	$31.98	$30.38	$28.78
70	$34.35	$32.63	$30.91
71	$38.21	$36.30	$34.38
72	$42.06	$39.96	$37.86
73	$45.92	$43.62	$41.33
74	$49.78	$47.29	$44.80
75	$53.63	$50.95	$48.27

$100 daily benefit			
Age	Individual rate	Married rate 5% deduction	Married rate 10% deduction
<51	$16.84	$16.00	$15.16
51	$17.90	$17.01	$16.11
52	$18.95	$18.00	$17.06
53	$20.01	$19.01	$18.01
54	$21.06	$20.01	$18.95
55	$22.12	$21.01	$19.90
56	$23.95	$22.75	$21.55
57	$25.78	$24.49	$23.20
58	$27.61	$26.23	$24.85
59	$29.44	$27.97	$26.49
60	$31.27	$29.71	$28.14
61	$34.03	$32.33	$30.63
62	$36.78	$34.94	$33.10
63	$39.53	$37.56	$35.58
64	$42.28	$40.17	$38.05
65	$45.04	$42.79	$40.54
66	$49.77	$47.28	$44.79
67	$54.50	$51.78	$49.05
68	$59.23	$56.27	$53.31
69	$63.97	$60.77	$57.57
70	$68.70	$65.26	$61.83
71	$76.41	$72.59	$68.77
72	$84.12	$79.92	$75.71
73	$91.84	$87.25	$82.65
74	$99.55	$94.57	$89.60
75	$107.27	$101.90	$96.54

National General
Accident & Health

Short Term Care rate sheet

Elimination Period: 0 days
Benefit Period: 180 days

$200 daily benefit			
Age	Individual rate	Married rate 5% deduction	Married rate 10% deduction
<51	$33.69	$32.00	$30.32
51	$35.80	$34.01	$32.22
52	$37.90	$36.01	$34.11
53	$40.02	$38.02	$36.02
54	$42.12	$40.01	$37.90
55	$44.23	$42.02	$39.81
56	$47.90	$45.50	$43.11
57	$51.56	$48.98	$46.41
58	$55.23	$52.47	$49.71
59	$58.88	$55.93	$52.99
60	$62.54	$59.41	$56.29
61	$68.06	$64.65	$61.25
62	$73.55	$69.88	$66.20
63	$79.07	$75.11	$71.16
64	$84.57	$80.34	$76.11
65	$90.08	$85.58	$81.07
66	$99.54	$94.57	$89.59
67	$109.01	$103.56	$98.11
68	$118.47	$112.55	$106.62
69	$127.93	$121.54	$115.14
70	$137.40	$130.53	$123.66
71	$152.82	$145.18	$137.54
72	$168.25	$159.84	$151.42
73	$183.68	$174.49	$165.31
74	$199.10	$189.15	$179.19
75	$214.53	$203.80	$193.08

$300 daily benefit			
Age	Individual rate	Married rate 5% deduction	Married rate 10% deduction
<51	$50.53	$48.00	$45.48
51	$53.70	$51.02	$48.33
52	$56.85	$54.01	$51.17
53	$60.03	$57.02	$54.02
54	$63.17	$60.02	$56.86
55	$66.35	$63.03	$59.71
56	$71.85	$68.25	$64.66
57	$77.34	$73.48	$69.61
58	$82.84	$78.70	$74.56
59	$88.31	$83.90	$79.48
60	$93.81	$89.12	$84.43
61	$102.08	$96.98	$91.88
62	$110.33	$104.81	$99.30
63	$118.60	$112.67	$106.74
64	$126.85	$120.51	$114.16
65	$135.12	$128.36	$121.61
66	$149.32	$141.85	$134.38
67	$163.51	$155.33	$147.16
68	$177.70	$168.82	$159.93
69	$191.90	$182.30	$172.71
70	$206.09	$195.79	$185.48
71	$229.23	$217.77	$206.31
72	$252.37	$239.76	$227.14
73	$275.51	$261.74	$247.96
74	$298.66	$283.72	$268.79
75	$321.80	$305.71	$289.62

National General Accident & Health markets products underwritten and issued by Time Insurance Company, National Health Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation.

National General
Accident & Health

Short Term Care rate sheet

Elimination Period: 0 days
Benefit Period: 360 days

$50 daily benefit			
Age	Individual rate	Married rate 5% deduction	Married rate 10% deduction
<51	$12.47	$11.84	$11.22
51	$13.34	$12.67	$12.00
52	$14.21	$13.50	$12.79
53	$15.07	$14.32	$13.57
54	$15.94	$15.15	$14.35
55	$16.81	$15.97	$15.13
56	$18.31	$17.40	$16.48
57	$19.81	$18.82	$17.83
58	$21.31	$20.24	$19.18
59	$22.81	$21.67	$20.53
60	$24.31	$23.09	$21.88
61	$26.57	$25.24	$23.91
62	$28.83	$27.38	$25.94
63	$31.09	$29.53	$27.98
64	$33.35	$31.68	$30.01
65	$35.61	$33.83	$32.05
66	$39.51	$37.54	$35.56
67	$43.42	$41.25	$39.07
68	$47.32	$44.95	$42.59
69	$51.22	$48.66	$46.10
70	$55.12	$52.37	$49.61
71	$61.45	$58.38	$55.31
72	$67.77	$64.38	$61.00
73	$74.10	$70.39	$66.69
74	$80.42	$76.40	$72.38
75	$86.74	$82.40	$78.07

$100 daily benefit			
Age	Individual rate	Married rate 5% deduction	Married rate 10% deduction
<51	$24.93	$23.69	$22.44
51	$26.67	$25.34	$24.01
52	$28.41	$26.99	$25.57
53	$30.15	$28.64	$27.13
54	$31.89	$30.29	$28.70
55	$33.63	$31.95	$30.27
56	$36.63	$34.80	$32.96
57	$39.63	$37.64	$35.66
58	$42.62	$40.49	$38.35
59	$45.62	$43.33	$41.05
60	$48.61	$46.18	$43.75
61	$53.14	$50.48	$47.82
62	$57.65	$54.77	$51.89
63	$62.18	$59.07	$55.96
64	$66.70	$63.36	$60.03
65	$71.21	$67.65	$64.09
66	$79.03	$75.08	$71.12
67	$86.83	$82.49	$78.15
68	$94.64	$89.91	$85.17
69	$102.44	$97.32	$92.20
70	$110.25	$104.74	$99.22
71	$122.90	$116.76	$110.61
72	$135.55	$128.77	$121.99
73	$148.19	$140.78	$133.37
74	$160.84	$152.79	$144.75
75	$173.48	$164.81	$156.13

National General Accident & Health markets products underwritten and issued by Time Insurance Company, National Health Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation.

National General
Accident & Health

Short Term Care rate sheet

Elimination Period: 0 days
Benefit Period: 360 days

$200 daily benefit			
Age	Individual rate	Married rate 5% deduction	Married rate 10% deduction
<51	$49.86	$47.37	$44.88
51	$53.35	$50.68	$48.01
52	$56.83	$53.99	$51.14
53	$60.29	$57.28	$54.26
54	$63.77	$60.59	$57.40
55	$67.26	$63.89	$60.53
56	$73.25	$69.59	$65.93
57	$79.25	$75.29	$71.33
58	$85.23	$80.97	$76.71
59	$91.23	$86.67	$82.11
60	$97.23	$92.37	$87.50
61	$106.27	$100.96	$95.65
62	$115.30	$109.54	$103.77
63	$124.35	$118.13	$111.92
64	$133.40	$126.73	$120.06
65	$142.43	$135.31	$128.18
66	$158.05	$150.15	$142.25
67	$173.66	$164.98	$156.30
68	$189.27	$179.81	$170.35
69	$204.88	$194.64	$184.40
70	$220.50	$209.47	$198.45
71	$245.80	$233.51	$221.22
72	$271.09	$257.54	$243.98
73	$296.38	$281.56	$266.74
74	$321.67	$305.59	$289.50
75	$346.96	$329.61	$312.27

$300 daily benefit			
Age	Individual rate	Married rate 5% deduction	Married rate 10% deduction
<51	$74.80	$71.06	$67.32
51	$80.02	$76.02	$72.02
52	$85.24	$80.98	$76.72
53	$90.44	$85.92	$81.39
54	$95.66	$90.88	$86.10
55	$100.88	$95.84	$90.80
56	$109.88	$104.39	$98.89
57	$118.88	$112.93	$106.99
58	$127.85	$121.46	$115.06
59	$136.85	$130.00	$123.16
60	$145.84	$138.55	$131.26
61	$159.41	$151.44	$143.47
62	$172.96	$164.31	$155.66
63	$186.53	$177.20	$167.87
64	$200.09	$190.09	$180.09
65	$213.64	$202.96	$192.28
66	$237.08	$225.23	$213.37
67	$260.50	$247.47	$234.45
68	$283.91	$269.72	$255.52
69	$307.33	$291.96	$276.59
70	$330.74	$314.21	$297.67
71	$368.70	$350.27	$331.83
72	$406.64	$386.31	$365.97
73	$444.57	$422.34	$400.11
74	$482.51	$458.38	$434.26
75	$520.44	$494.42	$468.40

National General Accident & Health markets products underwritten and issued by Time Insurance Company, National Health Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation.

National General
Accident & Health

Short Term Care rate sheet

Elimination Period: 20 days
Benefit Period: 180 days

$50 daily benefit			
Age	Individual rate	Married rate 5% deduction	Married rate 10% deduction
<51	$7.51	$7.14	$6.76
51	$7.96	$7.56	$7.16
52	$8.40	$7.98	$7.56
53	$8.85	$8.41	$7.97
54	$9.30	$8.83	$8.37
55	$9.74	$9.25	$8.77
56	$10.52	$10.00	$9.47
57	$11.30	$10.74	$10.17
58	$12.08	$11.48	$10.87
59	$12.86	$12.22	$11.58
60	$13.64	$12.96	$12.28
61	$14.81	$14.07	$13.33
62	$15.97	$15.17	$14.38
63	$17.14	$16.28	$15.43
64	$18.31	$17.39	$16.47
65	$19.47	$18.50	$17.52
66	$21.46	$20.39	$19.32
67	$23.45	$22.28	$21.11
68	$25.44	$24.17	$22.90
69	$27.43	$26.06	$24.69
70	$29.43	$27.95	$26.48
71	$32.77	$31.13	$29.49
72	$36.11	$34.31	$32.50
73	$39.46	$37.49	$35.51
74	$42.80	$40.66	$38.52
75	$46.15	$43.84	$41.53

$100 daily benefit			
Age	Individual rate	Married rate 5% deduction	Married rate 10% deduction
<51	$15.03	$14.28	$13.52
51	$15.92	$15.12	$14.33
52	$16.81	$15.97	$15.13
53	$17.70	$16.82	$15.93
54	$18.59	$17.66	$16.73
55	$19.48	$18.51	$17.54
56	$21.05	$20.00	$18.94
57	$22.61	$21.48	$20.35
58	$24.17	$22.96	$21.75
59	$25.72	$24.44	$23.15
60	$27.28	$25.92	$24.55
61	$29.61	$28.13	$26.65
62	$31.95	$30.35	$28.75
63	$34.28	$32.56	$30.85
64	$36.61	$34.78	$32.95
65	$38.94	$37.00	$35.05
66	$42.92	$40.78	$38.63
67	$46.91	$44.56	$42.22
68	$50.89	$48.34	$45.80
69	$54.87	$52.13	$49.38
70	$58.85	$55.91	$52.97
71	$65.54	$62.26	$58.99
72	$72.23	$68.62	$65.01
73	$78.92	$74.97	$71.03
74	$85.61	$81.33	$77.05
75	$92.30	$87.68	$83.07

National General Accident & Health markets products underwritten and issued by Time Insurance Company, National Health Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation.

National General
Accident & Health

Short Term Care rate sheet

Elimination Period: 20 days
Benefit Period: 180 days

$200 daily benefit			
Age	Individual rate	Married rate 5% deduction	Married rate 10% deduction
<51	$30.05	$28.55	$27.05
51	$31.84	$30.25	$28.65
52	$33.62	$31.94	$30.26
53	$35.40	$33.63	$31.86
54	$37.19	$35.33	$33.47
55	$38.97	$37.02	$35.07
56	$42.10	$39.99	$37.89
57	$45.22	$42.95	$40.69
58	$48.33	$45.91	$43.50
59	$51.45	$48.87	$46.30
60	$54.56	$51.83	$49.11
61	$59.23	$56.26	$53.30
62	$63.89	$60.70	$57.50
63	$68.56	$65.13	$61.70
64	$73.22	$69.56	$65.90
65	$77.89	$73.99	$70.10
66	$85.85	$81.56	$77.26
67	$93.81	$89.12	$84.43
68	$101.78	$96.69	$91.60
69	$109.74	$104.25	$98.77
70	$117.70	$111.82	$105.93
71	$131.08	$124.53	$117.97
72	$144.46	$137.24	$130.01
73	$157.84	$149.94	$142.05
74	$171.21	$162.65	$154.09
75	$184.59	$175.36	$166.13

$300 daily benefit			
Age	Individual rate	Married rate 5% deduction	Married rate 10% deduction
<51	$45.08	$42.83	$40.57
51	$47.76	$45.37	$42.98
52	$50.43	$47.91	$45.39
53	$53.10	$50.45	$47.79
54	$55.78	$52.99	$50.20
55	$58.45	$55.53	$52.61
56	$63.15	$59.99	$56.83
57	$67.82	$64.43	$61.04
58	$72.50	$68.87	$65.25
59	$77.17	$73.31	$69.45
60	$81.84	$77.75	$73.66
61	$88.84	$84.40	$79.96
62	$95.84	$91.04	$86.25
63	$102.83	$97.69	$92.55
64	$109.83	$104.34	$98.85
65	$116.83	$110.99	$105.15
66	$128.77	$122.33	$115.90
67	$140.72	$133.68	$126.65
68	$152.66	$145.03	$137.40
69	$164.61	$156.38	$148.15
70	$176.55	$167.73	$158.90
71	$196.62	$186.79	$176.96
72	$216.69	$205.85	$195.02
73	$236.76	$224.92	$213.08
74	$256.82	$243.98	$231.14
75	$276.89	$263.04	$249.20

National General Accident & Health markets products underwritten and issued by Time Insurance Company, National Health Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation.

National General
Accident & Health

Short Term Care rate sheet

Elimination Period: 20 days
Benefit Period: 360 days

$50 daily benefit			
Age	Individual rate	Married rate 5% deduction	Married rate 10% deduction
<51	$11.56	$10.98	$10.40
51	$12.35	$11.73	$11.12
52	$13.12	$12.46	$11.81
53	$13.91	$13.21	$12.52
54	$14.69	$13.96	$13.22
55	$15.47	$14.70	$13.92
56	$16.82	$15.98	$15.14
57	$18.17	$17.26	$16.35
58	$19.52	$18.54	$17.57
59	$20.87	$19.83	$18.78
60	$22.21	$21.10	$19.99
61	$24.25	$23.04	$21.83
62	$26.28	$24.97	$23.65
63	$28.32	$26.90	$25.49
64	$30.35	$28.83	$27.32
65	$32.39	$30.77	$29.15
66	$35.87	$34.08	$32.28
67	$39.36	$37.39	$35.42
68	$42.84	$40.70	$38.56
69	$46.32	$44.00	$41.69
70	$49.81	$47.32	$44.83
71	$55.63	$52.85	$50.07
72	$61.45	$58.38	$55.31
73	$67.27	$63.91	$60.54
74	$73.09	$69.44	$65.78
75	$78.91	$74.96	$71.02

$100 daily benefit			
Age	Individual rate	Married rate 5% deduction	Married rate 10% deduction
<51	$23.12	$21.96	$20.81
51	$24.69	$23.46	$22.22
52	$26.25	$24.94	$23.63
53	$27.81	$26.42	$25.03
54	$29.37	$27.90	$26.43
55	$30.94	$29.39	$27.85
56	$33.64	$31.96	$30.28
57	$36.34	$34.52	$32.71
58	$39.03	$37.08	$35.13
59	$41.73	$39.64	$37.56
60	$44.42	$42.20	$39.98
61	$48.50	$46.08	$43.65
62	$52.56	$49.93	$47.30
63	$56.64	$53.81	$50.98
64	$60.70	$57.67	$54.63
65	$64.77	$61.53	$58.29
66	$71.74	$68.15	$64.57
67	$78.71	$74.77	$70.84
68	$85.67	$81.39	$77.10
69	$92.65	$88.02	$83.39
70	$99.61	$94.63	$89.65
71	$111.26	$105.70	$100.13
72	$122.89	$116.75	$110.60
73	$134.54	$127.81	$121.09
74	$146.17	$138.86	$131.55
75	$157.82	$149.93	$142.04

National General Accident & Health markets products underwritten and issued by Time Insurance Company, National Health Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation.

National General
Accident & Health

Short Term Care rate sheet

Elimination Period: 20 days
Benefit Period: 360 days

$200 daily benefit			
Age	Individual rate	Married rate 5% deduction	Married rate 10% deduction
<51	$46.25	$43.94	$41.63
51	$49.38	$46.91	$44.44
52	$52.50	$49.88	$47.25
53	$55.63	$52.85	$50.07
54	$58.74	$55.80	$52.87
55	$61.88	$58.79	$55.69
56	$67.27	$63.91	$60.54
57	$72.67	$69.04	$65.40
58	$78.07	$74.17	$70.26
59	$83.47	$79.30	$75.12
60	$88.85	$84.41	$79.97
61	$96.99	$92.14	$87.29
62	$105.12	$99.86	$94.61
63	$113.27	$107.61	$101.94
64	$121.40	$115.33	$109.26
65	$129.55	$123.07	$116.60
66	$143.48	$136.31	$129.13
67	$157.42	$149.55	$141.68
68	$171.35	$162.78	$154.22
69	$185.29	$176.03	$166.76
70	$199.22	$189.26	$179.30
71	$222.51	$211.38	$200.26
72	$245.78	$233.49	$221.20
73	$269.08	$255.63	$242.17
74	$292.35	$277.73	$263.12
75	$315.64	$299.86	$284.08

$300 daily benefit			
Age	Individual rate	Married rate 5% deduction	Married rate 10% deduction
<51	$69.37	$65.90	$62.43
51	$74.07	$70.37	$66.66
52	$78.74	$74.80	$70.87
53	$83.44	$79.27	$75.10
54	$88.11	$83.70	$79.30
55	$92.81	$88.17	$83.53
56	$100.91	$95.86	$90.82
57	$109.01	$103.56	$98.11
58	$117.10	$111.25	$105.39
59	$125.20	$118.94	$112.68
60	$133.27	$126.61	$119.94
61	$145.49	$138.22	$130.94
62	$157.69	$149.81	$141.92
63	$169.91	$161.41	$152.92
64	$182.10	$173.00	$163.89
65	$194.32	$184.60	$174.89
66	$215.21	$204.45	$193.69
67	$236.13	$224.32	$212.52
68	$257.02	$244.17	$231.32
69	$277.94	$264.04	$250.15
70	$298.83	$283.89	$268.95
71	$333.77	$317.08	$300.39
72	$368.68	$350.25	$331.81
73	$403.61	$383.43	$363.25
74	$438.52	$416.59	$394.67
75	$473.46	$449.79	$426.11

National General Accident & Health markets products underwritten and issued by Time Insurance Company, National Health Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation.

National Health Insurance Company

Dallas, TX 75266

Administered by
Disability Insurance Specialists, LLC
P.O. Box 29,
Bloomfield, CT 06002

SHORT TERM RECOVERY CARE INSURANCE POLICY

OUTLINE OF COVERAGE

Policy Form NHIC-STR-FHC-IND-POL-2014-AR (8-14)

For purposes of this form, the words "We," "Us," "Our" or "Company" refer to National Health Insurance Company. The words "You" and "Your" refer to the Insured. Any words in the masculine also include the feminine. Except where context requires otherwise, plural words include the singular, and singular words include the plural.

Read Your Policy Carefully – This Outline of Coverage provides a brief description of important features of Your Policy. This is not the insurance Policy. The Policy itself sets forth in detail the rights and obligations of both You and Us. It is important that You read Your Policy carefully, including Your application for insurance.

This Policy provides coverage for care received in a Nursing Home, Assisted Living Facility, or in Your home subject to all provisions, requirements, exclusions, and limitations set forth in the Policy. Coverage is not provided for basic hospital, basic medical and surgical, or major medical expenses.

BENEFITS

FACILITY CONFINEMENT BENEFIT

We will pay You a benefit for each day You are confined to a Nursing Home or Assisted Living Facility after the Elimination Period is satisfied during a qualifying Period of Care. We will pay qualifying charges, up to the Maximum Daily Benefit, for Your

- room and board; and
- other services and supplies that are related to the care You receive.

HOME AND COMMUNITY CARE BENEFIT

We will pay You a benefit for each day You receive qualifying Home Health Care, Adult Day Care, or Hospice Care after the Elimination Period is satisfied during a qualifying Period of Care. We will pay qualifying charges, up to the Maximum Daily Benefit, for Home and Community Care Visits.

We won't pay more than the Maximum Daily Benefit amount, for the total of all expenses for Facility confinement, Home Health Care, Adult Day Care and Hospice Care that are incurred on the same day.

WAIVER OF PREMIUM BENEFIT

While You qualify for benefits, We will waive premiums due for this Policy and for any riders attached to this Policy.

This policy will then stay in force without payment of premium. If Your premiums are being paid other than monthly, You will be placed on a monthly premium payment mode when Your premium waiver begins. We will refund any portion of premiums You have paid that are subject to this premium waiver.

The premium waiver starts on the first day that benefits become payable. The premium waiver ends on the first to occur of: the date You no longer qualify for benefits under this Policy; or the date the Maximum Benefit Period, for the Period of Care in which the premium waiver began, ends; or
the date the Lifetime Maximum Benefit Period under this Policy ends.

You must resume premium payments, as of the date the premium waiver ends, to continue Your coverage under this Policy.

AUTOMATIC RESTORATION OF BENEFITS
If Your Period of Care ends and benefits have not been paid for the Lifetime Maximum Benefit Period, We agree to restore the Maximum Benefit Period, as of the date that Period of Care ended. Benefits under this Policy may then be payable, subject to the Elimination Period and the Lifetime Maximum Benefit Period.

This Policy ends when benefits have been paid for the Lifetime Maximum Benefit Period

LIMITATIONS ON BENEFITS
Benefits under this Policy will not be paid during the Elimination Period, and are subject to:

- the Maximum Benefit Period for a Period of Care; and
- the Lifetime Maximum Benefit Period.

Benefits under this Policy will not be paid for:

- Facility confinement; or
- any Home and Community Care Visit;

that is due to a Pre-Existing Condition, unless the Limiting Condition that led to such confinement or care begins at least 12 months after the Effective Date of this Policy.

Elimination Period means the number of Facility confinement days and Home Health Care days, before benefits become payable. Such days of confinement or care must otherwise be eligible for benefits under this Policy. Confinement or care days need not be continuous, but must be within a 12 month period to satisfy the Elimination Period.

With respect to Facility confinement, days covered by Medicare will also be used to satisfy Your Elimination Period shown in the Policy Schedule.

Period of Care means the period that begins on the first day of Facility confinement or Home and Community Care Visits, used to satisfy the Elimination Period. A Period of Care ends when, for a period of 180 consecutive days:

- You have not met the requirements for qualifying for benefits; and
- Your Physician certifies that You did not require, and were not advised to obtain, Facility confinement, or Home and Community Care Visits; and
- You have not been confined in a Facility, nor received Home and Community Care Visits.

Maximum Daily Benefit means the maximum amount We will pay, after the Elimination Period, for any one day for which benefits are provided under this Policy. The Maximum Daily Benefit is shown in the Policy Schedule.

Maximum Benefit Period means the maximum number of days for which benefits will be paid under this Policy during any one Period of Care. The Maximum Benefit Period is shown in the Policy Schedule.

Lifetime Maximum Benefit Period means the maximum number of days for which benefits will be paid for all Periods of Care during Your lifetime under this Policy.

This Policy terminates when benefits have been paid for the Lifetime Maximum Benefit Period. The Lifetime Maximum Benefit Period is shown in the Policy Schedule.

Pre-existing Condition means a physical or mental condition for which, within 12 months prior to the Effective Date of this Policy, medical advice or treatment was recommended by or received from a Physician; or for which an ordinarily prudent person would have sought diagnosis, care, or treatment.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits under this Policy for any expense or charge that:

- occurs outside the territorial limits of the United States and its possessions;
- is a result of war or any act of war, whether declared or undeclared, or any other armed conflict;
- is a result of committing or attempting to commit a felony, or of engaging in an illegal occupation, riot or insurrection;
- is a result of piloting an aircraft, or flying aboard any aircraft as a non-fare paying passenger;
- results from cosmetic surgery, except reconstructive surgery resulting from an injury or sickness;
- is caused by an attempt at suicide, or by an intentionally self-inflicted injury;
- is a result of being intoxicated, or of being under the influence of any narcotic except when administered under the advice of a Physician; or

- is covered by any state or federal worker's compensation plan, or any employer's liability plan.

We will not pay benefits under this Policy:
- for expenses that are reimbursed in full by any government program;
- for charges for which You are not responsible;
- for services provided by a Family Member; or
- for services for which no charge is normally made in the absence of insurance.

Incontestability
We rely on statements You make in:
- Your application for this Policy; and
- Your subsequent application for a rider, benefit or reinstatement of this Policy.

After 3 years from the Effective Date of this Policy, or from the effective date of any subsequent amendment, We cannot contest statements made in the application for the Policy or amendment.

If a loss occurs more than 2 years after the Effective Date shown in the Policy Schedule, We will not reduce or deny the claim on the grounds that the disease or physical condition existed prior to the Effective Date and was not excluded from coverage by name or description.

Time of Payment of Claims
When We receive sufficient proof of loss, We will:
- pay all benefits then due;
- pay future eligible benefits monthly as they become due; and
- pay any balance due, at the time a Period of Care ends.

Payment of Claims
All claims will be paid to You, unless We have the obligation to pay a Facility directly. Benefits unpaid at Your death will be paid to Your estate. If benefits are payable to Your estate, We may pay up to $1,000 of eligible benefits, to any of Your Family Members who We consider entitled to the payment. Any such payment We make in good faith fulfills Our obligation to the extent of that payment.

POLICY PROVISIONS FOR RENEWABILITY OR CONTINUATION OF COVERAGE

Guaranteed Renewable
You can renew this Policy, during Your lifetime, as long as You pay Your renewal premiums on time.

Misstatement of Age
If Your Age is misstated on the application for this Policy, We will adjust the benefits to reflect the coverage that would have been purchased at Your correct Age.

We will make a refund if, at Your correct Age:
- You would not have been eligible to apply for this Policy; or
- coverage would have ended.

The refund amount will equal the premiums paid for coverage not eligible under the Policy.

Termination
This Policy will terminate on the earliest of these dates:
- the day following the end of the Lifetime Maximum Benefit Period;
- the day following the end of the grace period for which a premium is due and not paid;
- the premium due date that next follows the date of Your notice to Us to cancel this Policy; or
- the date of Your death.

Termination of this Policy will not affect any claim for benefits under this Policy that is incurred prior to the termination date and is otherwise payable to You.