



National General Accident & Health Product Guide

For agent use only. Not for distribution to consumers.
National General Accident and Health markets products underwritten by
National Health Insurance Company, Time Insurance Company, Integon National
Insurance Company, and Integon Indemnity Corporation.

National General 
Accident & Health

Thank you for your interest in National General Accident & Health

We make it easy for you to find sales success by providing easy-to-use online sales tools that help you get quotes and land sales fast.

We are committed to your success and will make every effort to provide you with the products and resources you need, so you can focus on helping your customers and grow your business.

Our broad portfolio of short term medical, fixed-benefit medical, dental and supplemental products gives you the opportunity to sell all year long. With solutions in nearly every state, you have the opportunity to meet more needs with more customers, no matter where you choose to focus your business.

- ✓ **Short Term Medical (STM)**
- ✓ **National General Foundation Health (NGFH)**
Fixed-benefit medical
- ✓ **Accident Fixed Benefit (AFB)**
- ✓ **AcciMED**
Accident Medical Expense (AME) and Accidental Death and Dismemberment (ADD)
- ✓ **Cancer and Heart/Stroke (CHS)**
- ✓ **Critical Illness - Term Life (CI/TL)**
- ✓ **Dental Indemnity Insurance**
- ✓ **Dental PPO Insurance**
- ✓ **Hospital Expense Protection**
- ✓ **Plan Enhancer**
Accident Medical Expense (AME) only; or AME plus riders for Sickness Hospitalization and Cancer and Heart/Stroke¹
- ✓ **Short Term Care**
- ✓ **TrioMED**
Accident Medical Expense (AME), Critical Illness (CI) and Accidental Death and Dismemberment (ADD)
- ✓ **VitalGuard**
Accidental Death and Dismemberment (ADD)

It's important to remember these products pay limited benefits; they do not constitute comprehensive health insurance coverage (often referred to as major medical coverage) and do not satisfy the requirement of Minimum Essential Coverage under the Affordable Care Act.

This guide is your sales planning tool — it contains useful information to help you help your clients through the purchase process.

Not all products are available in all states.

¹ Not all riders are available in all states

Why work with us?

National General Accident & Health is a one-stop solution



Industry-leading technology & sales platforms – with simplified sales solutions for every consumer segment



Competitive product portfolio of supplemental, short-term, fixed-benefit medical, and dental coverage options



Direct access to an extensive product portfolio — providing a broad range of opportunities in today's insurance market

Why sell Short Term Medical and National General Foundation Health?



Short Term Medical is a great fit for customers who are:

- » Between jobs
- » Waiting for new employee benefits to kick in
- » Waiting for Medicare
- » Still in need of help paying for health care expenses because they missed Open Enrollment



National General Foundation Health is a great fit for those who:

- » Don't have the budget for major medical plans
- » Don't want to pay for benefits they don't need
- » Missed Open Enrollment and still need help paying health care expenses



Why supplemental?

Many customers get stuck with high-deductible, comprehensive health plans that force them to pay large amounts of health care expenses out-of-pocket. Supplemental coverage helps them bridge the gap.

Customers can use the cash benefits in any way they need.



63% of Americans don't have enough savings to cover a \$500 emergency*

Why Dental?

Everybody needs dental care, why not increase your sales opportunities by adding National General Accident & Health Dental Insurance to your portfolio.

There are two options to choose from — to help you fit the needs of more customers.

Dental PPO — with three different benefit levels to choose from and access to the Careington Maximum Care Dental Network.

Dental Indemnity with an optional network savings card — pays cash benefits to help make dental care more affordable and provides the option to add the Maximum Care Discount network savings card for more savings on both dental and vision services.



95% of adults say they value keeping their mouth healthy**

* Source: <https://www.forbes.com/sites/maggiemcgrath/2016/01/06/63-of-americans-dont-have-enough-savings-to-cover-a-500-emergency/#1f1ca0df4e0d> - pulled 03/24/2017

** <http://www.ada.org/en/publications/ada-news/2016-archive/january/hpi-publishes-oral-health-facts-for-every-us-state>

Agent Appointments

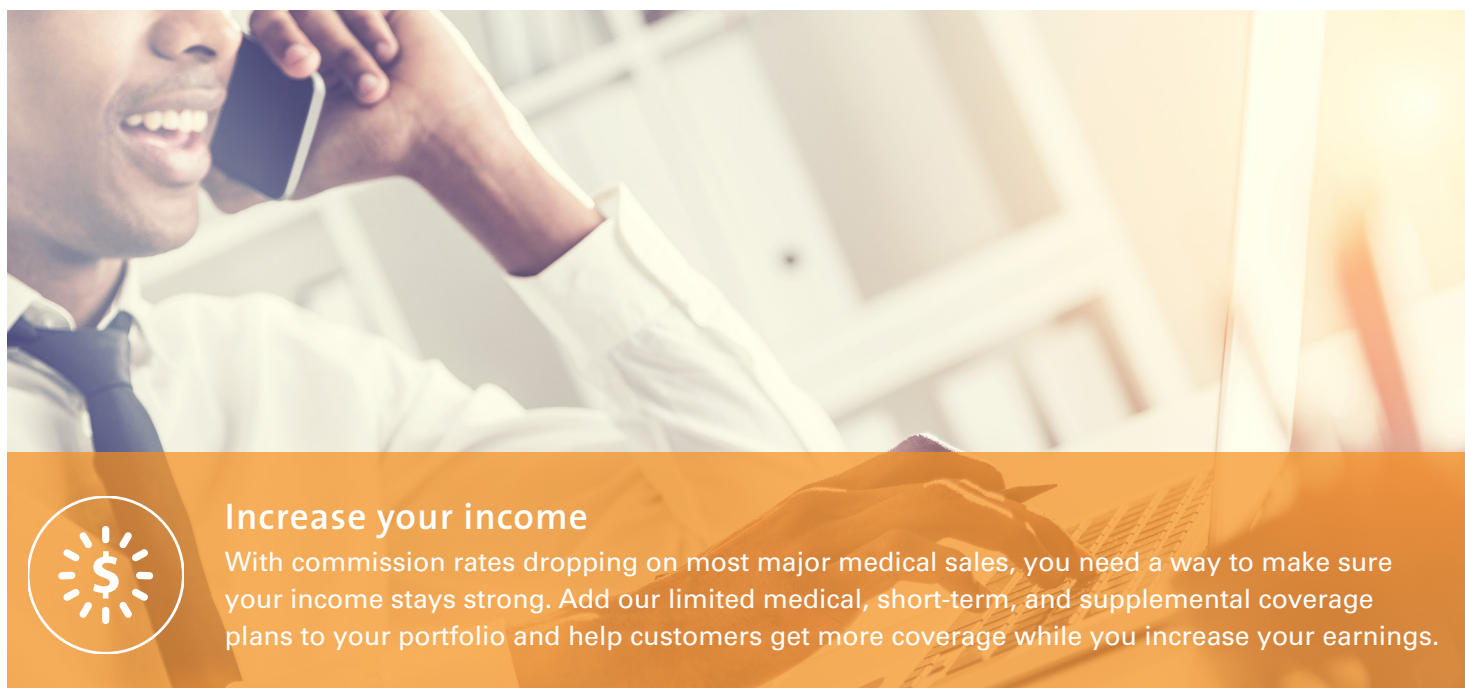
National General Accident & Health markets products underwritten by National Health Insurance Company (NHIC), Integon National Insurance Company (INIC), Integon Indemnity Corporation (IIC) and Time Insurance Company (TIC). These underwriting companies follow a “Just-in-Time” appointment process, except in states that require pre-appointment.

Once you receive your initial appointment with us, whenever you submit business for the first time in a new state, we will automatically submit a request for appointment within the time frame required by that state.

As appointments are processed, you will receive an email notification confirming your appointment in a particular state. If you sell in multiple states, you will receive an email each time you become actively appointed in a state.

In order to solicit our products, you must first complete an online application:

- » Your Sales Representative will provide a personalized link, or you can call (888)376-3300
- » Applications are accepted electronically
- » If you hold active licenses in pre-appointment states at the time of your registration, the company will submit a request to the state for appointment. Pre-appointment states will remain blocked until your appointment confirmation has been received for those states.



Increase your income

With commission rates dropping on most major medical sales, you need a way to make sure your income stays strong. Add our limited medical, short-term, and supplemental coverage plans to your portfolio and help customers get more coverage while you increase your earnings.

Agent Back Office

Agent Back office is our online portal that's available to help you manage your National General Accident & Health book of business. You can view production and policy status for all product sales.

Log in at <https://ngahagents.ngic.com>

You can find each set of credentials in your welcome email.

Once logged in you can:

- » View production and policy status
- » View customer contact information and policy details
- » Access Help documents, such as Agent Product Guide, State Variations, and the Product Availability grid
- » View if customer attestations have been completed or not
- » Easily export all production to .csv file

Note: Agents/Agencies with downlines will have access to view all customers/policies under their hierarchy. There are many ways to sort your customer information for simple viewing and exporting.

Commissions

You access your commission statements in two different systems. All commissions are paid via ACH.

For NHIC products (includes INIC and IIC)

Short Term Medical, TrioMED, AcciMED, VitalGuard, National General Foundation Health, Hospital Expense Protection and Dental PPO.

Go to <http://www.eagentcenter.com> and then:

- » Enter company ID: NGIS
- » Enter your user name: your NPN
- » Enter your password: Last 6 digits of SS# or TIN

For TIC products

Plan Enhancer, Accident Fixed-Benefit, Cancer and Heart/Stroke, Critical Illness - Term Life, and Dental Indemnity.

Go to <https://insuranceservices.actmanre.com/NationalGeneral/default> and then:

- » Register using the code that was sent to you in a Welcome email from AMR: NoReply@actmanre.com
- » Once registered, you will have access to view your TIC commission statements

NOTE: If you assign commissions to your agency, then you should log in with your Agency's NPN and the last 6 numbers of TIN to view commission statements.

LIST BILL: Commisisions are not paid until premium has been collected. Premium is collected on the 15th of the month.

Products and Marketing

Products underwritten by Time Insurance Company include:

- Accident Fixed-Benefit
- Plan Enhancer
- Cancer and Heart/Stroke
- Critical Illness - Term Life
- Dental Indemnity

Products underwritten by National Health Insurance Company include:

- Short Term Medical
- National General
- Hospital Expense Protection
- TrioMED
- Foundation Health
- Dental PPO
- VitalGuard
- AcciMED
- Short Term Care (*paper applications only at this time*)

Exceptions:

- » In the state of Florida, these products are underwritten by Integon Indemnity Corporation
- » In the states of Colorado, Connecticut and New York, these products are underwritten by Integon National Insurance Company
- » Check with your sales representative for the state availability of Short Term Care

National General Accident & Health Advertising, Promotions and Marketing Policy

NATIONAL GENERAL ACCIDENT AND HEALTH (“NGAH”) is committed to assuring that advertising and sales promotion materials for NGAH products are clear as to purpose, and truthful and fair as to content and presentation.

To ensure advertising, promotion and marketing clarity, any advertising materials, whether created by our home office staff or by NGAH marketers, must have written approval from NGAH’s Legal and Compliance and Marketing Departments prior to use.

Always refer to your agent agreement for details regarding advertising best practices and work with your NatGen sales representative to acquire all appropriate approvals.

Ready to use Marketing Materials

Marketing materials can be found on our Carrier website, www.NGAH-NHIC.com

Brochures are also available on our quoting platform, www.QuoteNatGen.com

How to get started with List Bill

List Bill Account Agreements can be found on our carrier web site NGAH-NGIC.com, under Agents/Agent tools.

- The form must be completed by you and your List Bill client, then submitted to NGAHLISTBILL.com
- Once an account is set up, you are provided a List Bill Account number. This number will be required on the demographics section of QuoteNatGen.com
- From there, all you have to do is submit the applications — the rest is handled by us

List Bill plans are only allowed to have effective dates on the 1st of the month. Premiums are drafted on the 15th of that same month. ACH bank draft is the only accepted method of payment.

Quoting and Enrolling

You can quote NGAH products and complete the enrollment process on our online quoting platform, QuoteNatGen.com. Agents are provided a unique URL, at time of appointment, to use when enrolling clients

Product effective dates and policy issue requirements:

Product availability varies by state.

All products are subject to preexisting condition limitations and exclusions, and/or first ever diagnosis. List Bill plans are only allowed to have effective dates on the 1st of the month.

Underwriting entity	Product	Available effective dates	Standard or Guaranteed Issue
NHIC	STM Standard Issue	Any day of the month	Requires Health Eligibility questions
NHIC	STM Guaranteed Issue	Any day of the month	Guaranteed issue
NHIC	National General Foundation Health	1st or the 15th*	Requires Health Eligibility questions
TIC	Accident Fixed-Benefit	Any day of the month	Guaranteed issue
NHIC	AcciMED	1st or the 15th*	Guaranteed issue
TIC	Plan Enhancer <ul style="list-style-type: none"> • Accident Medical Expense • Accident Medical Expense with optional CHS or SIP riders 	Any day of the month	The Accident Medical Expense policy and Accident Medical Expense with the CHS rider are guaranteed issue. The Accident Medical Expense policy with the SIP rider requires Health Eligibility questions
TIC	Cancer and Heart/Stroke	Any day of the month	Requires Health Eligibility questions
TIC	Critical Illness - Term Life	Any day of the month	Requires Health Eligibility questions
TIC	Dental Indemnity	Any day of the month	Guaranteed issue
NHIC	Dental PPO	Any day of the month	Guaranteed issue
NHIC	Hospital Expense Protection	Any day of the month	Requires Health Eligibility questions
NHIC	TrioMED	1st or the 15th*	\$2,500; \$5,000 and \$10,000 options - Guaranteed issue \$15,000 and \$30,000 critical-illness options - Require a Health Eligibility question
NHIC	VitalGuard	1st or the 15th*	Guaranteed issue

* Must apply by the 25th of the month for a 1st-of-the-month effective date, and by the 9th of the month for a 15th-of-the-month effective date

Member Eligibility

Enrollment age requirements by product

Note: For child-only plan submission, please list the youngest applicant as the primary.

Product	Initial enrollment age:	Age coverage ends:*
Short Term Medical	Primary: 60 days to 64 years Spouse/Domestic Partner 14 years to 64 years Dependent child: 60 days to 25 years	Primary/Spouse/Domestic Partner: At 65 years of age Dependents: At 26 years of age
STM Guaranteed Issue	Primary: 60 days to 64 years Spouse/Domestic Partner: 14 years to 64 years Dependent child: 60 days to 25 years	Primary/Spouse/Domestic Partner: At 65 years of age Dependents: At 26 years of age
AcciMED, TrioMED, and VitalGuard Accident Fixed-Benefit (AFB)	Primary: 18 years to 64 years Spouse/Domestic Partner: 18 years to 64 years Dependent child: Birth to 25 years	Primary/Spouse/Domestic Partner: <ul style="list-style-type: none"> • AcciMED/TrioMED: 65 years of age • VitalGuard: 70 years of age Dependents: at 26 years of age <i>NOTE: AFB plans are renewable for life</i>
National General Foundation Health Hospital Expense Protection	Primary: 18 years to 64 years Spouse/Domestic Partner: 18 years to 64 years Dependent child: Birth to 25 years	Primary/Spouse/Domestic Partner: At 65 years of age Dependents: At 26 years of age
Plan Enhancer (<i>AME coverage only and AME with optional CHS/SIP riders</i>)	<p>AME coverage only Primary: Birth to 64 years Spouse/Domestic Partner: 14 years to 64 years Dependent child: Birth to 25 years</p> <p>AME with CHS/SIP riders Primary and Spouse/Domestic Partner: 18 years to 64 years Dependent child: Birth to 25 years</p>	<p>AME Coverage only Primary/Spouse/Domestic Partner: At 75 years of age Dependents: At 26 years of age</p> <p>AME with CHS/SIP riders Primary/Spouse/Domestic Partner: At 65 years of age Dependents: At 26 years of age</p>
Critical Illness - Term Life	Primary and Spouse/Domestic Partner: 18 years to 59 years No Child Coverage	Primary/Spouse/Domestic Partner To end of term or <ul style="list-style-type: none"> • Term Life at 85 years of age • Critical Illness at 65 years of age
Cancer and Heart/Stroke	Primary and Spouse/Domestic Partner: 18 years to 64 years Dependent Child: Birth to 25 years	Primary/Spouse/Domestic Partner: At 75 years of age Dependents: At 26 years of age
Dental Indemnity	Primary and Spouse/Domestic Partner: <ul style="list-style-type: none"> • Primary: Birth to 70 years** • Spouse: 14 years to 70 years** • Dependent child: Birth to 25 years • 64 years in MD, MA, NJ, NC, OH, SD, UT 	Primary and Spouse/Domestic Partner: <ul style="list-style-type: none"> • At age 70 in : MD, MA, NJ, NC, OH, SD, UT • At age 75: All other dental states • Dependents: At 26 years of age
Dental PPO	Primary and Spouse/Domestic Partner: 18 years to 74 years <ul style="list-style-type: none"> • Dependents: Unmarried children 25 years (may vary by state) 	Primary/Spouse/Domestic Partner: at 85 years of age <ul style="list-style-type: none"> • Dependents: at 26 years of age

All applicants must legally reside in the United States.

* Members must call member services to have dependents removed when they reach the age coverage ends

** 64 years in MD, MA, NJ, NC, OH, SD and UT

L.I.F.E. Association

Memberships

Many NHIC products are issued on an Association Contract and are only available through a LIFE Association Membership

- LIFE Association Memberships vary by product:
 - » Select level: Sold with Dental PPO, or can be purchased separately
 - » Preferred level: Sold with TrioMED and AcciMED
 - » Prime/Sterling levels: Sold with STM, NGFH, and HEP
- LIFE Association Memberships are always billed separately from the insurance premium. However, when sold with TrioMED, the membership fees are billed with the insurance premium
- When quoting STM, National General Foundation Health, Hospital Expense Protection, and Dental PPO, the membership fees will display as a separate line item
- Membership fees are always billed monthly — no matter how the insurance premium billing is set up
- Membership fees are non-refundable
- Memberships do not end when the policy is terminated. Memberships must be canceled separately by calling our members services team
- LIFE Association memberships are also available as stand-alone products.
Call 888-781-0585 for more information

*LIFE Association Memberships are optional in:
Colorado, Connecticut, Maryland, Missouri, New Mexico,
Oregon, and South Dakota*

*LIFE Association Memberships are not available in:
Iowa, Kansas, Maine, Montana, Utah or Wisconsin*

LIFE Association is a non-profit, members-only organization which provides you with lifestyle-related benefits and discounts.



Application Submission

Application acceptance verification

Upon submission of the application, a “You’re almost done” page will be displayed. Your client is required to complete the application acceptance verification

Note: This is in addition to the agent authorization acknowledgment which was checked on the application prior to submission.



Your client must complete one of the three options for the application verification process:

- 1. Upon application submission**, your client receives an email from us (memberservices@nhicadmin.com) for each product purchased. This email includes the link to [VIPmemberbenefits.com/verify](https://vipmemberbenefits.com/verify) — where your client is directed to read and e-sign their application acceptance. One Authorization Form includes all purchased products; customers only need to sign once. For List Bill, the agent is not cc'd on the welcome emails.
Note: While all applicants receive this email notice, your client only needs to complete one method for the application verification.
- 2. If your client is with you**, you can share the link from the “You’re almost done” page. From there, your client will be directed to [VIPmemberbenefits.com/verify](https://vipmemberbenefits.com/verify) to read and e-sign the application acceptance.
- 3. You can select the voice verification process.** While you have your client on the phone, dial the number provided on the “You’re almost done” page under the Voice Verification option. You both will be connected to a recorded phone line. You must read the entire verification to your client, and then your client will be asked to acknowledge the application acceptance.

For options 1 and 2, your clients will need their Member ID to register on [VIPMemberbenefits.com](https://vipmemberbenefits.com) to access, read, and sign the authorization form. Member IDs are provided in the “You’re almost done” page and in the email sent to the email address listed on the application. It is important to ensure the email address provided is accurate.

Billing

Initial premium and LIFE Membership dues are drafted upon submission of the application, regardless of the plan's effective date.

Available payment methods include:

- ACH Bank Draft
- Credit Card (*Visa, Mastercard, or Discover*)

Cash and checks are not accepted forms of payment.

Failed Credit Card Payments

If the initial payment fails to process, an error message that says, "The application has been received. Please contact member services at 888-781-0585 to complete your payment and reference member's ID," will appear in the quoting system. When this happens, the application has been received and doesn't need to be submitted again. However, in order to activate coverage, the customer must call us to provide a new payment method and authorization for the charges to be processed.

Future Payments

- 1. Future payments will be withdrawn monthly** from the customer's account five business days prior to each plan's corresponding effective day.
 - » *For example:* If the applicant requests an effective date of 1/15/2017, the subsequent withdrawal dates will be 2/10/2017, 3/10/2017, 4/10/2017, and so on
- 2. On daily rates for Short Term Medical**, the full term's premium will be drafted at time of submission of application, regardless of the plan's effective date

Charges on clients' bank statements will appear as:

- » TIC Products [sold prior to 9/15/16] - NATIONAL GENERAL 866-387-0484 NY
- » TIC Products [sold 9/15/16 and later] - NGIC 888-781-0585
- » NHIC Products - NGIC 888-781-0585

Charges on clients' credit card statements will appear as:

National General
888-781-0585

Policy lapses

All plans are entitled to a 31-day grace period. The grace period begins the day after the plan's premium due date and ends 31 days after the due date.

Failed billing attempts on future payments

Failed Credit Card draft — We will attempt to draft again every Friday for the duration of the grace period of 31 days

- » If we are still unable to process payment, coverage will be canceled back to the last paid-through date

Failed ACH draft — The client must call Member Services to provide valid billing information

Your client should also log in to www.vipmemberbenefits.com to update their billing information

- » Your client must still contact member services to have the draft reprocessed to avoid a lapse in coverage or cancellation
- » We will not attempt to redraft failed ACH payments

Customer notifications

- » When payments are declined, National General will notify the insured via email. The email includes instructions on how to log into VIPMemberbenefits.com and update billing information.
- » The agent of record is cc'd on the email communication

Policy cancellation notice requirements:

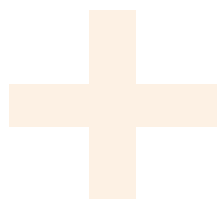
Members should call to cancel their plan. Once we receive notice, we will cancel as of their paid-to date for that coverage period.

For example, if the plan has an active date of the 1st of the month, and the member calls to cancel on the 28th, we will cancel the plan on the last day of the current month.

Please note, any claims submitted for services received after the cancellation date will not be processed.

Remind your clients:

If you sell our plans with other carriers' plans, your customers must call us directly to cancel National General Accident & Health plans.



What to expect after the sale

ID Cards

Short Term Medical plans:

After the application authorization is complete, your client will have access to electronic STM Medical ID cards in VIPMemberbenefits.com

- » The electronic ID cards can be downloaded and used until the permanent ID cards arrive in the mail

The Permanent ID Card should arrive in the mail in about 7-10 business days from time of submission

- » NOTE: This is your clients Medical ID card, remind your clients to always present the Medical ID card when visiting the doctor

Dental

- » ID cards should arrive in the mail in about 5-7 business days after submission
- » Electronic ID cards are not available for Dental Indemnity
- » PPO Dental electronic ID cards can be downloaded and used until the permanent ID cards arrive in the mail

National General Foundation Health:

- » The electronic ID cards can be downloaded and used until the permanent ID cards arrive in the mail
- » Permanent ID cards should arrive in the mail in about 5-7 days from time of submission

List Bill plans:

- » ID cards are mailed after the premium is drafted on the 15th day of the month following the effective date — 2 weeks after the policy date
- » Electronic ID cards can be downloaded and used until the permanent ID cards arrive in the mail

Policy fulfillment

During the application process, providing your client's email address means that your client agrees to opt-in to receive their policy, and/or certificate of issuance, and other correspondence electronically.

If the applicant prefers to have the policy mailed, please call us at (888)781-0585.

Note: All other plan administration correspondence will be sent to the email address provided at time of application.

Email Requirements

- » All applicants are required to provide a valid email at time of application. If your client does not have an active email address they cannot apply for coverage with us.
- » In these instances, we recommend your clients create an email address with a valid email service provider. It's important to provide a valid email address. All customer communications are sent to the email address provided on the application.

When the policy is available, your client will receive an email from documents@ngahdocuments.com.

- » The member must register using their member ID and email address used for enrollment
- » Once registered, the member may log in and view documents

All active members, whether or not they choose electronic delivery, as long as policy fulfillment was completed through National General Accident & Health, will have access to view their policy documents at NGAHDocuments.com.

The convenience of electronic documents

- » Policy documents are accessible whenever customers need them
- » Customers can view them at their convenience
- » They can save and print them based on their needs

Products	Approx. Processing Time Frame – Electronic Fulfillment
Dental Indemnity Dental PPO NG Foundation Health	5 business days
STM	10 business days
Accident Fixed-Benefit Plan Enhancer Accident Medical Expense Accident Medical Expense w/riders Critical Illness/Term Life Cancer and Heart/Stroke	5 business days
TrioMED AcciMED VitalGuard	14 business days

If paper delivery is requested, policy packets will arrive via USPS within 7 business days from time of request.

List Bill: Policy documents are not sent until after the premium is drafted

L.I.F.E. Association Membership Benefits

For NHIC plans sold through the LIFE Association, about 5 days following the plan's effective date, your client will receive an email from memberservices@nhicadmin.com with a membership-specific URL. This email includes information regarding how to access the LIFE Association Membership benefits and copies of their LIFE Membership cards.

Please note, LIFE Association membership programs and services vary by state and membership level. Not all programs and services are available to all members or in all states. If your clients have questions about their LIFE membership, they should call the number on their LIFE Membership card.

The link provided in the email is also where your clients will go to register for Telemedicine Services, WellCard Savings card and get access to LIFE Association member programs and discounts.

Registering for Telemedicine services

- Your client must register for access to Telemedicine services
- Clients should click on the My Telemedicine link in the benefits list on the LIFE home page
 - » Then, they must complete the online registration form
- When clients need medical advice, they can call the number provided to schedule a consultation
- Clients can also choose to register during their first call, but should be aware that the process will take longer than if they are pre-registered.

Registering for WellCard savings discounts

- Your client must register for access to WellCard Savings discounts
- Clients should click on the WellCard Savings Card image on the LIFE home page
 - » Then, they must complete the online registration form
- Upon registration, an email will be sent from WellCard Savings
 - » The email includes the WellCard member cards
 - » The WellCard Savings member cards must be presented at participating pharmacies to receive the discounted pricing

NOTE: The LIFE Association membership will not automatically terminate when the policy terminates. Remind customers they must call to cancel their membership if they no longer want the membership after their policy termination and/or expiration date.

This Plan is NOT Insurance. It is a discount medical program. Payment must be made at time of service. This program is powered by Access One Consumer Health, Inc. (not affiliated with AccessOne Medcard <http://www.accessonedmpo.com/>). Void where prohibited by law.

Policy Administration

Member Portal

After your client has registered on www.VIPMemberbenefits.com, your client will have access to the Member Portal to:

- » Make changes to contact, payment and billing information
- » View billing and payment history
- » For STM and National General Foundation Health plans, this is where clients can access electronic ID cards
- » Access copies of the LIFE Association Membership cards
- » Get answers to frequently asked questions
- » Download copies of policy fulfillment and ID cards

Note: This is a separate site and requires a separate registration and log in than www.NGAHDocuments.com where clients go to access plan documents

Updating payment information for automatic payments

Over the phone:

- » The caller must be the account owner or an authorized signatory on the account

Online:

The customer should log into VIPMemberbenefits.com

- » Select the "View" button under "Your Payment Method"
- » Select "add ACH Bank Draft"
- » Enter the new information

Premium changes

If National General makes any changes to a customer's monthly premium amount, the customer will be notified of the new amount and the reason for the change. Email notifications are sent to the email address on record.

Policy cancellations

Supplemental Policies can be canceled in the first 30 days of the policy effective date for a full refund

Short Term Medical policies can be canceled in the first 10 days of the policy effective date for a full refund.

If a member calls to cancel their plan after the free look period, we will cancel as of their paid-to date for that coverage period. For example, if the plan has an active date of the 1st of the month, and the member calls to cancel on the 28th, we will cancel the plan on the last day of the current month.

Please note, any claims submitted for services received after the cancellation date will not be processed.

Important Information: If members have more than one policy with us and/or a LIFE Association Membership, they must cancel each plan individually or be specific about which plan(s) they want to cancel. We are not responsible for canceling coverage that was not issued by Time Insurance Company, National Health Insurance Company, Integon National Insurance Company, or Integon Indemnity Corporation.

Rules for adding and removing dependents

Product	Adding Dependents	Removing Dependents
Short Term Medical — for plans sold prior to April 1, 2017 with durations greater than 3 months	New members must apply for their own policy	Removal of dependents is allowed in instances: <ul style="list-style-type: none"> • When replacement coverage has been issued • Active military duty • Medicare/Medicaid eligible • Of divorce or death*
Short Term Medical — for plans sold after April 1, 2017 with durations of less than three months	New members must apply for their own policy	Removal of dependents is allowed in instances of: <ul style="list-style-type: none"> • Active military duty • Medicare/Medicaid eligible • Divorce or death*
National General Foundation Health	New members must apply for their own policy	Removal of dependents is allowed
Dental PPO, Dental Indemnity, AME, AFB, CHS, CI/TL	New members must apply for their own policy	Removal of dependents is allowed
TrioMED/AcciMED	New members must apply for their own policy	Primary must reapply for coverage to include all requested dependents

* Documentation is not required in instances of death.

Adding a newborn or adopted child to Short Term Medical, National General Foundation Health, and Hospital Expense Protection plans

For most products, the Primary Insured, Covered Spouse or Agent can request to have a Newborn or Adopted Child added to the policy by contacting member services. Members have 31 days from date of birth or adoption to request the dependent be added to the policy.

Note: All applicants are required to answer the following question during the initial enrollment process:

- » Are you or any applicant now pregnant, an expectant father, in process of adoption, or undergoing infertility treatment?

Upon receiving a request to add a Newborn or Adopted Child, customers may be asked the following questions:

- » When did you find out that you were pregnant or an expectant father?

The Newborn child will be added to the policy, however claims may be held for review based upon the child's birth date relative to your policy effective date.

If it's found the applicant was pregnant or an expectant father at the time in which the applicant applied, the newborn won't be added and there is a possibility that the primary insured may be removed from the policy, back to the initial effective date.

Outline of coverage guidelines

Some states have a legal requirement to provide the state approved Outline of Coverage to the applicant at the point of sale. It is the agent's responsibility to make sure the applicant is provided with the Outline of Coverage, when required.

Quote NatGen platform provides a link to the Outline of Coverage allowing the agent to email the document to the applicant.

Product	States in which agents must provide an outline of coverage to the applicant at point of sale
Short Term Medical	Kansas
Accident Fixed-Benefit	California, Georgia, Idaho, Maine, Montana, Nevada, Oklahoma, Oregon, South Carolina, South Dakota and Texas
Plan Enhancer — AME only and AME with rider(s)	Georgia, Louisiana, Maine, Michigan, Montana, Nevada, Oklahoma, Oregon, South Carolina, Texas, West Virginia and Wisconsin
National General Foundation Health and Hospital Expense Protection	Idaho
Cancer and Heart/Stroke	Florida, Montana, Nevada, Oklahoma, Oregon, South Carolina, Texas, Washington*, West Virginia, and Wisconsin <i>*Washington requires the disclosure form (describing coverage) be left with the applicant.</i>
Critical Illness - Term Life TrioMED AcciMED Vital Guard	Not required
Dental Indemnity	California, Georgia, Idaho, Massachusetts, Montana, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Texas, Washington, West Virginia and Wisconsin
Dental PPO	Idaho, Georgia, Illinois, Massachusetts and Missouri

Replacement Guidelines

If existing accident/health coverage must be replaced, the following states require that a replacement form be completed and submitted with the application. A copy of the completed replacement form should be left with the applicant. It is your responsibility to provide the form to the applicant.

A copy of the completed replacement form should be completed by the applicant and mailed to us. QuoteNatGen provides a link to the Replacement Notice allowing you to email the document to the applicant. Replacement forms are also available on VIPMemberbenefits.com.

Product	Replacement form States
Accident Fixed-Benefit	Colorado, Idaho, Massachusetts, Oregon and South Carolina
Plan Enhancer – AME and AME with optional rider(s) If existing coverage is being replaced by the AME plan with a Cancer and Heart/Stroke and/or Sickness Hospitalization rider, the following states require a replacement form to be completed and submitted with the application	Colorado and Oregon Arkansas, Florida, Illinois, Iowa, Maine, Oklahoma, South Carolina, Texas, Utah, West Virginia and Wisconsin
Cancer and Heart/Stroke	Arkansas, Colorado, Delaware, Florida, Illinois, Iowa, Oklahoma, Oregon, South Carolina, Texas, Utah, Washington, West Virginia and Wisconsin
Critical Illness - Term Life	No replacement is allowed
Dental Indemnity	Arkansas, Colorado, Connecticut, Delaware, Florida, Idaho, Illinois, Iowa, Maine, Massachusetts, New Jersey, Oklahoma, Oregon, Pennsylvania, South Carolina, Texas, Utah, Virginia, Washington, West Virginia and Wisconsin
Short Term Medical	Utah
AcciMED, TrioMED, VitalGuard, National General Foundation Health, Hospital Expense Protection and Dental PPO	No replacement forms required

Claims

It may take up to a week to process new policies into the claims systems

Agents will have access to information such as claims status and, if applicable, the claim paid date by calling the claims' Third Party Administrators (TPAs). Please note, certain information about your client's claim is protected by law.

Supplemental Claims

Supplemental claims payments are generally made to the policyholder to help offset the cost of services or events in their lives. For your customer to receive claim payments, they will have to submit a completed claim form with all required information. Additional information may be needed depending on each individual case. Failing to submit all of the needed information will result in a delay in the claims processing.

Claims may be pended for investigation as to whether the pre-existing exclusion applies and/or whether the policyholder made material misrepresentations at the time of application.

Accident Fixed-Benefit Claims

Please make sure your customer begins the claims process soon after treatment begins or it may impact the payment of their claims. Remember, many of the benefits require treatment within 72 hours of the accident. Since this product has many recovery benefits, the customer may send in multiple claim forms related to the original accident. This will ensure the process is started immediately and also enable the customer to begin receiving the cash benefits as quickly as possible.

Plan Enhancer Claims

Please make sure your customer begins the claims process soon after treatment begins or it may impact the payment of their claims. Remember, benefits require treatment within 7 days of the accident. To submit a claim on an Accident Medical Expense plan, your customer should include their Explanation of Benefits (EOB) from the medical insurance carrier along with a completed Accident Medical Expense claim form. If your customer does not have other coverage, they must submit itemized bills with the Accident Medical Expense claim form.

Plan Enhancer: Sickness Hospitalization (SIP) rider claims

Please make sure your customer begins the claims process right after discharge from the Inpatient Hospital Admission, or it may impact the payment of their claims. Remember, the SIP rider only pays benefits for inpatient hospital admission due to a sickness as defined in the policy. To submit a claim on the SIP rider, customers should send the itemized bill, including the diagnosis and procedure codes from the facility, along with a completed Sickness Hospitalization claim form. Additional information may be required in some cases.

Cancer and Heart/Stroke Claims

For a Cancer and Heart/Stroke claim, the customer and physician will need to complete the Critical Illness claim form and provide medical details. Additional information may be requested by us depending on each individual case. Use this form for both Cancer and Heart/Stroke policies and Plan Enhancer's Cancer and Heart/Stroke rider.

Critical Illness -Term Life Claims

The critical illness benefits are coupled with a Life Insurance policy. Therefore, there are two possible types of claims for this product. For a life claim, we will need a certified copy of the death certificate accompanying the Loss of Life claim form. For a critical illness claim, the customer will need to complete the Critical Illness claim form and provide medical detail, which may include medical records. Additional information may be requested depending on each individual case.

Dental Indemnity and PPO Claims

Dental claims can be paid to the provider, and most often are, if the dental office and the policyholder agree to assign benefits. When dental benefits are assigned to the dentist, the dental office will submit the claim and payment will be made directly to the provider.

NOTE: If the customer prefers to receive the benefits directly, or the dental office does not accept an assignment of benefits, they can submit the bill or statement from the dentist, including the procedure codes and other pertinent details about the treatment. Also, the customer must include the policy number, the name of the Primary insured and the name of the insured treated. The address for submission of the claim can be found on the back of their ID card.

Hospital Expense Protection

The Hospital Expense Protection plan is a supplemental limited-medical plan with benefits for inpatient hospital admissions and other medical expenses depending on the level of coverage selected. Hospital Expense Protection claims are paid directly to the policyholder. The policyholder is required to submit the Fixed-Benefit Medical Claim Form and follow the directions to get the claim processed. These benefits will be paid to the insured and are not dependent on other coverage the person may have. Please instruct your client to submit these claims as soon as possible after receiving services. The contract requires the claim to be submitted within 90 days of the covered loss.

National General Foundation Health

National General Foundation Health (NGFH) is a limited-medical plan with fixed benefits for office visits, labs, outpatient services, and other medical expenses.

The insured should always present their ID card at time of service. NGFH claims can be paid to the provider, and most often are, if the provider and policyholder agree to assign benefits. In most cases, in order to get the network discount, it is required that the insured assign the benefits.

- » If an insured must file their own NG Foundation Health claim, please direct them to the Fixed-Benefit Medical Claim Form on NGAH-NGIC.com and follow the directions to get the claim processed.

Note: The NGFH contract requires the claim to be submitted within 90 days of the covered loss.

TrioMED, AcciMED and VitalGuard Claims

Accident Medical Expense and Accidental Death and Dismemberment Claims

Please make sure your customer begins the claims process soon after treatment begins or it may impact the payment of their claims. To submit a claim on an Accident Medical Expense plan, your customer should include their Explanation of Benefits (EOB) from the medical insurance carrier along with a completed Accident Medical Expense claim form. If your customer does not have other coverage, they must submit itemized bills with the Accident Medical Expense claim form. Additional information may be needed depending on each individual case.

Critical Illness Claims

The critical illness policy pays benefits based on three categories of serious illnesses. For the critical illness claim, the customer will need to complete the Critical Illness claim form and provide medical detail, which may include medical records.

Short Term Medical Claims

The customer must present their ID card at time of service.

- » Claims are paid directly to the provider
- » If an insured must file their own Short Term Medical claim, they can call claims customer service at 866-596-5817 for instructions and claim forms.

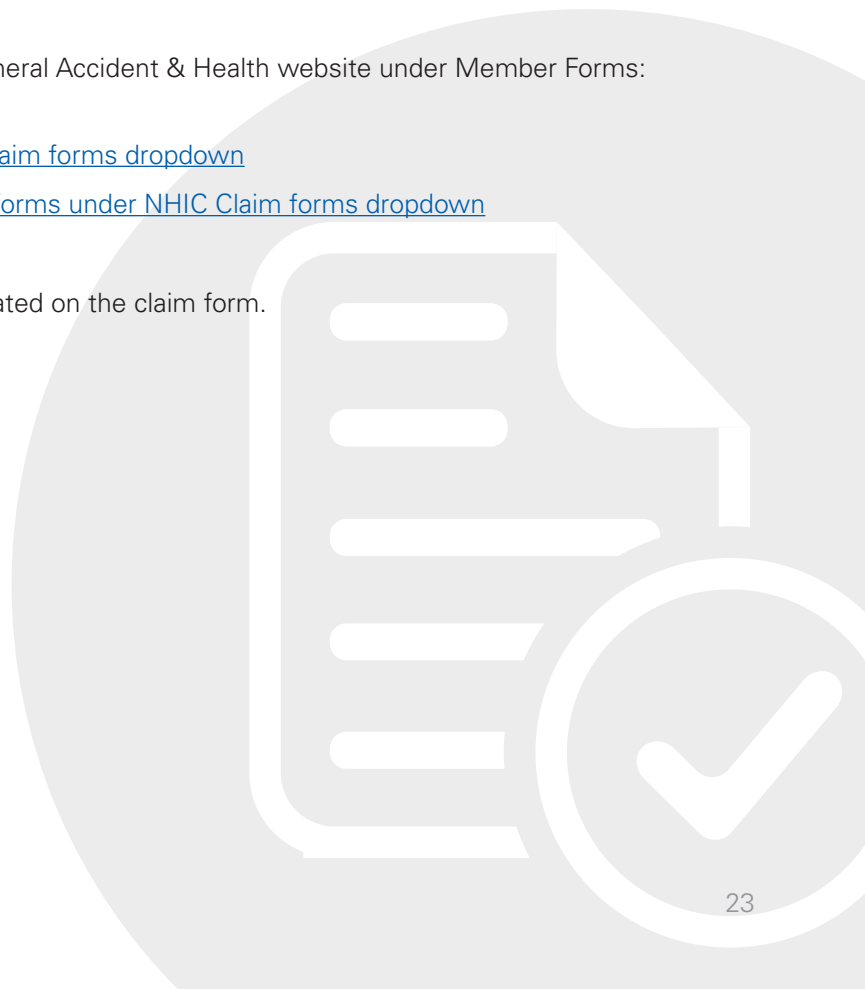
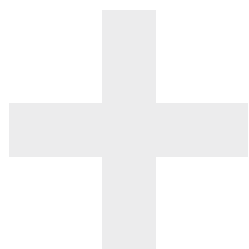
Claim forms

Please remind your client to read the instructions on the claim forms and submit the required information in order to expedite the processing of the claim.

To submit a claim, your client must:

- » Download a claim form from the National General Accident & Health website under Member Forms: <https://ngah-ngic.com/claims.php>
 - » [TIC products-use the forms under TIC Claim forms dropdown](#)
 - » [For NHIC, IIC, or INIC products-use the forms under NHIC Claim forms dropdown](#)
- » Call the appropriate Claims Administrator

Directions on where to submit the claim is indicated on the claim form.



Short Term Medical Rewrite Rules

State	Rewrite
Colorado	A maximum of 2 plans with any carrier in 12 months before a 6-month gap is required for another STM plan
Connecticut	<ul style="list-style-type: none"> • Limited to 1 STM plan • No Rewrites allowed
Idaho	<ul style="list-style-type: none"> • Limited to 1 STM plan • No Rewrites allowed
Kansas	Limited to 1 Rewrite
Maine	Combined total of the new plan and any prior policies cannot exceed 24 months
Maryland	There must be at least a 63-day gap in coverage from any health insurance plan in order to obtain an STM policy
Michigan	Limited to 185 days of STM coverage with us in any 365 day period (185 days of coverage does not need to be consecutive)
Nevada	Limited to 185 days of STM coverage with Us in any 365 day period (185 days of coverage does not need to be consecutive)
North Dakota	Limited to 1 Rewrite
Oregon	60-day gap in coverage required after 12 consecutive months of Short Term Medical coverage
South Dakota	There must be at least a 63-day gap in coverage from any health insurance plan in order to obtain a NGAH STM policy
Tennessee	The applicant must wait 30 days from the last day of coverage before reapplying for a new STM plan
Wisconsin	There must be at least a 63 day gap in coverage from a NGAH STM in order to obtain another NGAH STM policy
All other states	No rewrite rules apply

Contact Information

For benefits, claims and coverage information, customers should contact National General Accident & Health Customer Service by:

P: 888-781-0585

E: memberservices@nhicadmin.com

For Time Insurance Company plans sold prior to October 1, 2016:

P: 866-387-0484

Fax: 844-279-1983

E: TimeInsurance@actmanre.com

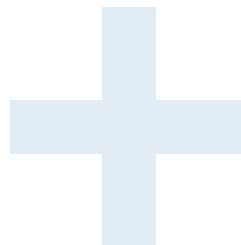
Mail all inquiries to:

National General Accident & Health

P.O. BOX 1070

Winston-Salem, NC 27102-1070

For Short Term Medical, National General Foundation Health, and Dental PPO plans, customers should refer to the back of their ID cards to locate network providers.



Important Information

Fair Credit Reporting Act

Federal law requires that a notice be given to any Applicant experiencing adverse action. The notice states that a consumer report was reviewed as part of the enrollment process.

Notice of Insurance Information Practices

To issue an insurance plan, National General Accident & Health needs to obtain information about the people proposed for insurance. Some of this information will come from the application, and some will come from other sources.

All information collected by National General Accident & Health may, in certain circumstances, be disclosed to third parties without the proposed insured's specific authorization. The proposed insured has the right to access and correct collected information that may relate to a claim or civil criminal proceeding. The notice is part of the application/enrollment form for insurance.

HIPAA Privacy

As a business associate of National General Accident & Health, and as a representative working on behalf of each applicant, it is your responsibility to protect the confidential information you collect. Health Insurance Portability and Accountability Act (HIPAA) privacy and security regulations require that you, as a business associate, have physical, administrative and technical safeguards in place to protect this information.

Please refer to the National Health Insurance Company privacy notice found at NGAH-NGIC.com to understand how protected health information is handled at National General and how insureds can exercise their individual rights under HIPAA. Please contact the National General Privacy Office immediately if you are aware of any breach of protected health information.

Important Information for You and Your Client

National General relies on your client's answers to the application questions, and these answers have a significant impact on their eligibility for a plan. Information that is not completely and accurately disclosed may result in plan rescission. If your client provided you with any health history information that would require a response of "yes" to a health question, you are required to disclose that information to us. The applicant must disclose his or her full and complete medical information — obtaining all the required authorizations at the time of application submissions is critical. Clients should contact National General if they think of any additional information that should have been disclosed.



National General Holdings Corp. (NGHC) is a publicly traded company with approximately \$2.5 billion in annual revenue. The companies held by NGHC provide personal and commercial automobile insurance, recreational vehicle and motorcycle insurance, homeowner and flood insurance, self-funded business products, life, supplemental health insurance products, Short Term Medical, and other niche insurance products.

National General Accident & Health, a division of NGHC, is focused on providing supplemental and short-term coverage options to individuals, associations and groups. Products are underwritten by Time Insurance Company (est. in 1892), National Health Insurance Company (incorporated in 1965), Integon National Insurance Company (incorporated in 1987) and Integon Indemnity Corporation (incorporated in 1946). These four companies, together, are authorized to provide health insurance in all 50 states and the District of Columbia. National Health Insurance Company, Integon National Insurance Company and Integon Indemnity Corporation have been rated as A- (Excellent) by A.M. Best. Each underwriting company is financially responsible for its respective products.

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