

Term Life with Optional Accelerated Benefit

This product provides limited benefits. This coverage provides a Term Life insurance policy with an optional Accelerated Death Benefit that pays cash benefits for a qualifying critical or terminal illness. Term Life with Optional Accelerated Benefit is not major medical or comprehensive health insurance and does not provide the mandated coverage necessary to avoid a penalty under the Affordable Care Act.



Golden Rule Insurance Company is the underwriter and administrator of these plans.
Life Insurance Policy Form LVLT1-GRI-45 and Accelerated Death Benefit Rider SA-S-1715-GRI-45

 **UnitedHealthcare®**
Golden Rule
Insurance Company

Why Choose Us?

Strength & Experience

UnitedHealthcare provides over 30 million Americans access to health care.* Golden Rule Insurance Company, a UnitedHealthcare company, is the underwriter and administrator of plans featured in this brochure. We have been serving the specific needs of individuals and families buying their own coverage for over 70 years.

Highly Rated

Golden Rule Insurance Company (GRIC) is rated “A” (Excellent) by A.M. Best (08/03/17). This worldwide independent organization examines insurance companies and other businesses, and publishes its opinion about them. This rating is an indication of our financial strength and stability.

Our Goal: Your Satisfaction

We understand the importance of your time and concern for the value of your health care dollars. Our goal for every customer is an insurance plan at a price that fits his or her needs and budget.

* UnitedHealth Group Annual Form 10-K for year ended 12/31/16.

This is an outline only and is not intended to serve as a legal interpretation of benefits. Reasonable effort has been made to have this outline represent the intent of contract language. However, the contract language stands alone and the complete terms of the coverage will be determined by the policy.

Term Life with Optional Accelerated Benefit

Have you considered what you would do if you or a loved one became seriously ill? Bills are the last thing you want to worry about when you or a family member is sick. Medical treatments today provide for better care, but they have never been more expensive. Individuals and families alike often experience financial hardship because of the many expenses their insurance does not cover. If an illness results in death, the financial burden on top of the loss of a loved one can often be devastating.

Term Life with Optional Accelerated Benefit

A Term Life Benefit plan with an optional Accelerated Benefit designed to pay you cash benefits upon diagnosis of a qualifying illness or death.

About This Plan

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

With the optional Accelerated Benefit, in the event of a serious illness, a cash benefit can be paid out to help with expenses like:

- Time away from work
- Household expenses (mortgage, utility bills, groceries)
- Child care
- Transportation and lodging to seek treatment

Critical Illness Can Affect Anyone

Did you know?

- In the U.S., slightly more than 1 in 3 women and slightly less than 1 in 2 men develop cancer in their lifetimes.*
- Every 40 seconds someone in the U.S. has a stroke.**

* American Cancer Society, "Cancer Basics," – 2016 Update.

** American Heart Association, "Heart Disease and Stroke Statistics – 2017 Update."



Be Better Prepared for the Future

Can you afford a major illness? Will your family be okay financially in the event of your death? Term Life coverage can be that rainy day fund. You hope you never need it, but are glad you have it, if the time comes.

Term Life with Optional Accelerated Benefit Example

30-year-old female, non-smoker	Term Life Benefit Amount	Maximum Lifetime Accelerated Benefit Amount	Term Life Policy Term	Monthly Premium
	She selects \$50,000	She selects \$25,000.	She selects 10 years.	\$21.26*
<ul style="list-style-type: none">• The insured is diagnosed with life-threatening cancer more than 30 days after the coverage effective date.• Her Maximum Lifetime Accelerated Benefit pays at 100%, so she receives \$25,000.• Her Accelerated Benefit payment reduces the Term Life benefit from \$50,000 to \$25,000.				
Following the life-threatening cancer diagnosis	New Term Life Benefit Amount	Maximum Lifetime Accelerated Benefit Amount	Term Life Policy Term	Monthly Premium
	\$25,000	\$0 – Already paid out.	Remainder of 10 years.	\$7.50

* Hypothetical 30-year-old female, non-smoker in ZIP Code 23219.



How Term Life with Optional Accelerated Benefit Works

For the Term Life Policy: You select a term (years of coverage) and benefit amount in case of death.

If you choose to purchase the optional Accelerated Benefit:

- The Maximum Lifetime Benefit Amount is available if you're diagnosed with a qualifying critical illness or terminal illness, see the second table.
- A 30-day waiting period applies for a qualifying diagnosis to be eligible for the Accelerated Benefit.
- Receive a one-time benefit for a qualifying illness. Total benefits paid cannot exceed 100% of the Maximum Lifetime Benefit Amount.
- Any Accelerated Benefit payment will be subtracted from the Term Life insurance benefit amount resulting in a lower monthly premium.

First, choose a policy term:

Term Life Policy¹	10-year (issue ages 18-59)	OR	20-year (issue ages 18-49)
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Then, choose a benefit level:

Term Life Benefit Amount	\$30,000	OR	\$25,000 or \$50,000	OR	\$50,000 or \$100,000	OR	\$75,000 or \$150,000	OR	\$100,000 or \$200,000
Maximum Lifetime Accelerated Benefit Amount (Optional)	\$15,000		\$25,000		\$50,000		\$75,000		\$100,000

Accelerated Benefit (Optional)

Illness Diagnosed (as defined in the policy) 30-day waiting period applies except as noted below.	Percentage of Maximum Lifetime Accelerated Benefit Amount to be Paid
Heart Attack	100%
Life-threatening Cancer	100%
Major Organ Transplant	100%
Renal (kidney) Failure	100%
Stroke	100%
Terminal Illness	100%

Tax-Advantaged Benefits² – cash may be used for out-of-pocket medical costs, bills, travel for treatment, and more.

¹ Renewal of Term Life Policy: At the end of the initial policy term, the policy can be renewed annually (at higher premium rates) until the insured's 75th birthday.

² Consult your tax advisor; restrictions may apply.

Term Life Insurance Plan Provisions

Death Benefit

We will pay the Term Life Benefit (less any Accelerated Benefit paid) to the designated beneficiary at the time of your death. Written proof of death must be furnished to us within 90 days from the insured's date of death or as soon as reasonably possible. If you die as a result of suicide within 2 years from the effective date, we will refund all premiums paid for the policy.

Assignment

You may assign your policy while you are alive.

Beneficiary

You can name any person or persons, other than your employer, as a beneficiary. Beneficiary designation may not apply in the event of annulment or divorce.

Renewal Provision

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

Term Life Insurance Exclusion and Limitation

We will not pay a death benefit caused by suicide, while sane or insane, within 2 years from the effective date.

Optional Accelerated Benefit Provisions

This product provides limited benefits. Term Life with Optional Accelerated Benefit is not major medical or comprehensive health insurance and does not provide the mandated coverage necessary to avoid a penalty under the Affordable Care Act.

Benefits

Benefits received may affect your eligibility for Medicaid or other government benefits. Benefits received may be taxable. You should contact a tax advisor.

Amount payable: We will pay a percentage of the Maximum Lifetime Accelerated Benefit amount based on the type of covered critical illness or terminal illness diagnosed, after the 30-day waiting period has been satisfied.

Waiting Period

Diagnosis must be made after 30 days of continuous coverage to be eligible for benefits.

Important: Benefits are paid upon diagnosis, as a one-time payment, not paid based on actual expenses incurred. You will find complete coverage details in the policy.

Illness Diagnosis Requirements

We reserve the right to have any critical illness or terminal illness diagnosis reviewed by a doctor of our choice, at our expense.

Maximum Lifetime Benefit Amount

Total benefits payable under the rider for an insured will not exceed the Maximum Lifetime Benefit Amount chosen. Any Accelerated benefit(s) paid will reduce the face amount of the Term Life insurance policy by the amount of the benefit(s) paid.

Optional Accelerated Benefit Exclusions

The rider does not provide benefits for diagnosis of a critical illness or terminal illness for an insured for, due to, or resulting from:

- An illness for which an insured's date of diagnosis occurs before satisfaction of an insured's waiting period.
- Suicide, while sane or insane, within 2 years from the effective date.

Term Life with Optional Accelerated Benefit Provisions

This brochure is only a general outline of the coverage provisions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. The purchase of this plan is not contingent upon purchasing or having any individual or group health insurance coverage.

Please note: This product provides limited benefits. It is not Major Medical or Comprehensive Health insurance, and does not provide the mandated coverage necessary to avoid penalty under the Affordable Care Act.

Eligibility

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

Misstatement of Age, Gender, or Tobacco Use

If your age, gender, or use of tobacco has been misstated on the application for coverage under the policy, any future premiums will be adjusted and past premiums will be refunded or owed to us based on the correct gender or tobacco status. The benefits may be adjusted based on the relationship of the premium paid to the premium that should have been paid, based on the correct gender or tobacco status.

If, within 2 years of the effective date of the policy, your age was misstated on the application and we would not have issued coverage, we will refund the premium paid minus any benefit amounts paid by us, and coverage would be void from the effective date.

Premium Change

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

Proof of Loss

We must receive written proof of a critical illness or terminal illness diagnosis or death within 90 days or as soon as possible.

Termination

All insurance will cease on termination of the policy.

The policy will terminate on the earliest of:

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

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

Underwriting

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

HEALTH PLAN NOTICES OF PRIVACY PRACTICES MEDICAL INFORMATION PRIVACY NOTICE

(Effective January 1, 2017)

We (including our affiliates listed at the end of this notice) are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or “disclose” that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms “information” or “health information” in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide to you in our next annual distribution, either a revised notice or information about the material change or how to obtain a revised notice. We will provide this information either by direct mail or electronically in accordance with applicable law. In all cases, we will post the revised notice on our websites, such as www.uhone.com, www.myuhone.com, www.myallsavers.com, or www.myallsaversmember.com. We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

We collect and maintain oral, written and electronic information to administer our business and to provide products, services and information of importance to our customers. We maintain physical, electronic and procedural security safeguards in the handling and maintenance of our enrollees' information, in accordance with applicable state and Federal standards, to protect against risks such as loss, destruction or misuse.

How We Use or Disclose Information. We must use and disclose your health information to provide information:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

We have the right to use and disclose health information for your treatment, to pay for your health care and operate our business. For example, we may use or disclose your health information:

- **For Payment** of premiums due us, to determine your coverage and to process claims for health care services you receive including for subrogation or coordination of other benefits you may have. For example, we may tell a doctor whether you are eligible for coverage and what percentage of the bill may be covered.
- **For Treatment.** We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.
- **For Health Care Operations.** We may use or disclose health

information as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, we might conduct or arrange for medical review, legal services, and auditing functions, including fraud and abuse detection or compliance programs.

- **To Provide Information on Health Related Programs or Products** such as alternative medical treatments and programs or about health-related products and services.
- **To Plan Sponsors.** If your coverage is through an employer group health plan, we may share summary health information and enrollment and disenrollment information with the plan sponsor. In addition, we may share other health information with the plan sponsor for plan administration if the plan sponsor agrees to special restrictions on its use and disclosure of the information in accordance with Federal law.
- **For Underwriting Purposes.** We may use or disclose your health information for underwriting purposes; however, we will not use or disclose your genetic information for such purposes.
- **For Reminders.** We may use or disclose health information to contact you for appointment reminders with providers who provide medical care to you.

We may use or disclose your health information for the following purposes under limited circumstances:

- **As Required by Law.** We may disclose information when required to do so by law.
- **To Persons Involved With Your Care.** We may use or disclose your health information to a person involved in your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object we will use our best judgment to decide if the disclosure is in your best interests. Special rules apply regarding when we may disclose health information to family members and others involved in a deceased individual's care. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.
- **For Public Health Activities** such as reporting disease outbreaks to a public health authority.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities, including a social service or protective service agency.
- **For Health Oversight Activities** such as licensure, governmental audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes** such as providing limited information to locate a missing person or report a crime.
- **To Avoid a Serious Threat to Health or Safety** by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.
- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.

- **For Workers' Compensation** including disclosures required by state workers' compensation laws that govern job-related injury or illness.
- **For Research Purposes** such as research related to the prevention of disease or disability, if the research study meets Federal privacy law requirements.
- **To Provide Information Regarding Decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For Organ Procurement Purposes.** We may use or disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- **To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **To Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us and pursuant to Federal law, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract and as permitted by Federal law.
- **Additional Restrictions on Use and Disclosure.** Certain Federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information: HIV/AIDS; mental health; genetic tests; alcohol and drug abuse; sexually transmitted diseases and reproductive health information; and child or adult abuse or neglect, including sexual assault.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. This includes, except for limited circumstances allowed by Federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others or using or disclosing your health information for certain promotional communications that are prohibited marketing communications under Federal law, without your written authorization. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization, except if we have already acted based on your authorization. To revoke an authorization, call the phone number listed on your health plan ID card.

What Are Your Rights. The following are your rights with respect to your health information.

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that may authorize certain restrictions. **Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.**
- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, by sending information to a PO Box instead of your home address). We will accommodate reasonable requests where a disclosure of all or part of your health information otherwise could endanger you. In certain circumstances, we will accept verbal requests to receive confidential communications; however, we may also require you to confirm your request in writing. In addition, any request to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.
- **You have the right to see and obtain a copy** of health information that we maintain about you such as claims and case or medical management records. If we maintain your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you. You can also request that we provide a copy of your information to a third party that you identify. In some cases you may receive a summary of this health information. You must make a written request to inspect and copy your health information or have it sent to a third party. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.
- **You have the right to ask to amend information** we maintain about you such as claims and case or medical management records, if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information: (i) for treatment, payment, and health care operations purposes; (ii) to you or pursuant to your authorization; and (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which Federal law does not require us to provide an accounting.

- **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. In addition, you may obtain a copy of this notice at our websites such as www.uhone.com, www.myuhone.com, www.myallsavers.com, or www.myallsaversmember.com.

You have the right to be considered a protected person.

(New Mexico only) A "protected person" is a victim of domestic abuse who also is either: (i) an applicant for insurance with us; (ii) a person who is or may be covered by our insurance; or (iii) someone who has a claim for benefits under our insurance.

Exercising Your Rights

- **Contacting your Health Plan.** If you have any questions about this notice or want to exercise any of your rights, please call the toll-free phone number on your health plan ID card.
- **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the address listed below.
- **Submitting a Written Request.** Mail to us your written requests to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records, or requesting amendments to your record at the following address:
 - Privacy Office, 7440 Woodland Drive, Indianapolis, IN 46278-1719
- **You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.** We will not take any action against you for filing a complaint.

Fair Credit Reporting Act Notice. In some cases, we may ask a consumer-reporting agency to compile a consumer report, including potentially an investigative consumer report, about you. If we request an investigative consumer report, we will notify you promptly with the name and address of the agency that will furnish the report. You may request in writing to be interviewed as part of the investigation. The agency may retain a copy of the report. The agency may disclose it to other persons as allowed by the Federal Fair Credit Reporting Act.

We may disclose information solely about our transactions or experiences with you to our affiliates.

MIB. In conjunction with our membership in MIB, Inc., formerly known as Medical Information Bureau (MIB), we or our reinsurers may make a report of your personal information to MIB. MIB is a not-for-profit organization of life and health insurance companies that operates an information exchange on behalf of its members. If you submit an application or claim for benefits to another MIB member company for life or health insurance coverage, the MIB, upon request, will supply such company with information regarding you that it has in its file.

If you question the accuracy of information in the MIB's file, you may seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. Contact MIB at: MIB, Inc., 50 Braintree Hill Park Ste. 400, Braintree, MA 02184-8734, 1-866-692-6901, www.mib.com.

FINANCIAL INFORMATION PRIVACY NOTICE

(Effective January 1, 2017)

We (including our affiliates listed at the end of this notice) are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, "personal financial information" means information, other than health information, about an insured or an applicant for coverage that identifies the individual, is not generally publicly available and is collected from the individual or is obtained in connection with providing coverage to the individual.

Information We Collect. Depending upon the product or service you have with us, we may collect personal financial information about you from the following sources:

- Information we receive from you on applications or other forms, such as name, address, age, medical information and Social Security number;
- Information about your transactions with us, our affiliates or others, such as premium payment and claims history; and
- Information from a consumer reporting agency.

Disclosure of Information. We do not disclose personal financial information about our insureds or former insureds to any third party, except as required or permitted by law. For example, in the course of our general business practices, we may, as permitted by law, disclose any of the personal financial information that we collect about you, without your authorization, to the following types of institutions:

- To our corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors;
- To nonaffiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and
- To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

We restrict access to personal financial information about you to employees, affiliates and service providers who are involved in administering your health care coverage or providing services to you. We maintain physical, electronic and procedural safeguards that comply with Federal standards to guard your personal financial information.

Confidentiality and Security. We maintain physical, electronic and procedural safeguards, in accordance with applicable state and Federal standards, to protect your personal financial information against risks such as loss, destruction or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your personal financial information.

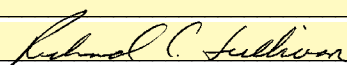
Questions About this Notice. If you have any questions about this notice, please **call the toll-free phone number on your health plan ID card.**

The Notice of Privacy Practices, effective January 1, 2017, is provided on behalf of All Savers Insurance Company; All Savers Life Insurance Company of California; Golden Rule Insurance Company; Oxford Health Insurance, Inc.; UnitedHealthcare Insurance Company; and UnitedHealthcare Life Insurance Company.

To obtain an authorization to release your personal information to another party, please go to the appropriate website listed in this Notice.

TO BE COMPLETED BY PRODUCER ONLY IF PERSONALLY COLLECTING INITIAL PREMIUM PAYMENT.

Conditional Receipt for:
Proposed Insured:
Amount Received:

Date of Receipt:
Signature of Secretary: 
Signature of Agent/Broker:

THIS FORM LIMITS OUR LIABILITY. NO INSURANCE WILL BECOME EFFECTIVE UNLESS ALL THREE CONDITIONS PRIOR TO COVERAGE ARE MET. NO PERSON IS AUTHORIZED TO ALTER OR WAIVE ANY OF THE FOLLOWING CONDITIONS. YOUR CANCELLED CHECK WILL BE YOUR RECEIPT.

This conditional receipt does not create any temporary or interim insurance and does not provide any coverage except as expressly provided in the Conditions Prior to Coverage.

Conditions Prior to Coverage

(Applicable with or without the Conditional Receipt)

Subject to the limitations shown below, insurance will become effective if the following conditions are met:

1. The application is completed in full and is unconditionally accepted and approved by Golden Rule Insurance Company.
2. The first full premium, according to the mode of premium payment chosen, has been paid on or prior to the effective date, and any check is honored on first presentation for payment.
3. The policy is: (a) issued by Golden Rule Insurance Company exactly as applied for within 45 days from date of application; (b) delivered to the proposed insured; and (c) accepted by the proposed insured.

If you sign the Authorization for Electronic Funds Transfer (EFT) in the application, please keep this copy for your records.

I (we) hereby authorize Golden Rule Insurance Company to initiate debit entries to the account indicated below. I also authorize the named financial institution to debit the same to such account. I agree this authorization will remain in effect until you actually receive written notification of its termination from me.
053F-G-0816

Notice to applicant regarding replacement of accident and sickness insurance

1. You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of or addition to your present plan. You should be certain that you understand all the relevant factors involved in replacing or adding to your present coverage.
2. We recommend that you not terminate your present plan until you receive written confirmation that your coverage has been approved by Golden Rule Insurance Company.

Authorization to Obtain and Disclose Health Information

I authorize Golden Rule Insurance Company's (GRIC) New Business and Medical History Review departments to obtain health information that they need to underwrite or verify my application for insurance. Any health care provider, pharmacy benefit manager, consumer-reporting agency, MIB, Inc., formerly known as Medical Information Bureau (MIB), or insurance company having any information as to a diagnosis, the treatment, or prognosis of any physical or mental conditions about my family or me is authorized to give it to GRIC's New Business and Medical History Review departments. This includes information related to substance use or abuse.

I understand any existing or future requests I have made or may make to restrict my protected health information do not and will not apply to this authorization, unless I revoke this authorization.

GRIC may release this information about my family or me to the MIB or any member company for the purposes described in GRIC's Notice of Privacy Practices.

I (we) have received GRIC's Notice of Privacy Practices. This authorization shall remain valid for 30 months from the date below.

I (we) understand the following:

- A photocopy of this authorization is as valid as the original;
- I (we) or my (our) authorized representative may obtain a copy of this authorization by writing to GRIC;
- I (we) may request revocation of this authorization as described in GRIC's Notice of Privacy Practices;
- GRIC may condition enrollment in its health plan or eligibility for benefits on my (our) refusal to sign this authorization;
- The information that is used or disclosed in accordance with this authorization may be redisclosed by the receiving entity and may no longer be protected by federal or state privacy laws regulating health insurers.

I have retained a copy of this authorization.
052F-G-0816

Failure to include all material medical information or correct information regarding the tobacco use of any applicant may cause the Company to deny a future claim and to void your coverage as though it has never been in force. After you have completed the application and before you sign it, reread it carefully. Be certain that all information has been properly recorded.

Keep this document. It has important information.

