



## Flex Shield Benefit Program – Insurance Purchasing Solutions Affordable Limited Benefit Medical Coverage Options

The Flex Shield Benefit Program offers you the chance to get fixed-dollar benefit payments for your covered medical expenses, such as doctor’s visits and prescription drugs. This limited benefit program is available to you regardless of your health status, and all at affordable monthly prices starting under \$90 for single coverage.

Enrolling in Flex Shield offers you a number of great benefits and services, including:

- ✓ **Access to Beech Street medical network discounted pricing.** You can access the Beech Street network at discounted network prices. You can save as much as 40% or more on the cost of your care—even before any benefits are paid from the plan!
- ✓ **Lower costs for prescription drugs.** You’ll be able to fill most of your brand name and generic prescriptions at significant discounts at a number of pharmacies, including Costco, Walgreens, Rite Aid, Sav-On, Longs, CVS and more.
- ✓ **No network restrictions.** The plan pays benefits regardless of the physician—meaning you are free to see any doctor you choose. However, you can save significantly on your health care costs if you choose to see a doctor in the Beech Street network.
- ✓ **Direct claim submission.** When you use a network provider, your doctor can submit a claim under the Flex Shield plan directly to the carrier.
- ✓ **No primary care physician or required referrals.** There is no pre-authorization of care required to see specialists or get a second opinion.
- ✓ **Coverage from the first visit.** There are no deductibles to meet or required copayments.

**Catch Health Risks Early**

*Flex Shield provides coverage for preventive measures, such as your yearly health screening and diagnostic. In addition, you’ll have access to case reviews from leading medical experts through the Best Doctors program.*

### Monthly Rates

Choose from three plan coverage levels:

	Silver Plan	Gold Plan	Platinum Plan
Employee Only	\$92.16	\$124.90	\$150.21
Employee + Spouse	\$178.82	\$244.19	\$294.75
Employee + Child	\$173.84	\$237.72	\$287.21
Employee + Family	\$249.02	\$342.30	\$413.91

**Our Partners:**



Best Doctors®



# Affordable Limited Benefit Medical Coverage Options

As a Flex Shield member, you'll receive fixed benefit payments from the plan when you access covered medical services. Below is a brief description of the plan payments. In addition, you'll have access to resources that can help you save money and help increase the quality of your health care experience.

	Advantages for You	Information
<b>Beech Street</b>	Consistently recognized as one of the nation's leading preferred provider organizations, Beech Street is one of the largest PPO networks in the nation with over 500,000 providers. You'll be eligible to receive negotiated rates from providers at a significant savings.	(866) 907-3619 5:00 AM – 5:00 PM PST Monday-Friday www.beechstreet.com
<b>Nurse Hotline</b>	Not sure if you need to visit the doctor? Get your health-related questions answered 24 hours a day, 7 days a week.	Available 24/7
<b>SIMNSA</b>	You have access to the SIMNSA network, which extends through the border cities of Tijuana, Tecate and Mexicali.	(619) 407-4082 www.simnsa.com

## Insurance Benefits

### No Co-Payments

#### Benefits Paid to Members:

Benefit		Benefit Limits	Silver	Gold	Platinum
<b>General Care</b>	Doctor's Office Visits	4/Individual up to a maximum of 8/Family per year	\$50	\$60	\$75
	Prescription Drugs	5 prescriptions per Individual per year	\$5	\$10	\$15
	Diagnostic Tests	3/Individual up to a maximum of 6/Family per year	\$50	\$75	\$100
<b>Preventive Care</b>	Health Screening	1/Individual up to a maximum of 3/Family per year	\$100	\$100	\$100
	Mammogram	According to Schedule based on Age/Medical Need	\$100	\$100	\$100
<b>Hospital</b>	Hospital Admission	Payment per Admission	\$500	\$750	\$1,000
	Hospital Confinement	30 days per calendar year	\$500	\$750	\$1,000
	Intensive Care Unit	30 days per calendar year	\$500	\$750	\$1,000
	Emergency Room	4 covered, one which can be for sickness	\$100	\$150	\$200
<b>Surgery</b>	Surgery	According to Certificate Schedule per procedure	50%	80%	100%
	Anesthesia (% Surgical)	According to Certificate Schedule per procedure	25%	40%	50%
<b>Accident</b>	AD&D	According to Certificate Schedule based on injury	\$10,000	\$10,000	\$10,000
	Fractures/Dislocations	According to Certificate Schedule based on injury	\$1,000	\$1,000	\$1,000
	Critical Illness	One covered per lifetime on first diagnosis	\$10,000	\$10,000	\$10,000

*Flex Shield pays indemnity-based benefits for a covered injury or sickness. Flex Shield is not a traditional comprehensive health insurance and should not be considered a substitute for comprehensive health insurance or major medical coverage. This is only a brief description of the coverages available under Policy series N20000CA. The Policy will contain reductions, limitations, exclusions and termination provisions. Full details are contained in the policy. If there is any conflict between the contents of this document and the Policy, or if any point is not covered in this document, the Policy will govern in all cases. Limited Benefit Health Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY. Coverage may not be available in all states. National Union Fire Insurance Company of Pittsburgh, Pa., assumes no responsibility or liability for any of the services provided by third parties. .*

Rev. 7/28/09

### Insurance Purchasing Solutions, Inc.

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(888) 256-3363 | info@insps.com | www.insps.com  
CA License #OG50661

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# FLEXSHIELD<sup>SM</sup>

Limited Benefit Medical Program

## PROGRAM OVERVIEW

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### What is FlexShield?

The FlexShield plan works differently than major medical plans you may have had in the past. Each time you access medical care, you are eligible to receive a fixed-dollar benefit payment from the plan to help you cover your costs, up to the pre-defined coverage limit. Please see the *Schedule of Benefit Payments* section for additional information about the benefit amounts for each service.

## ADVANTAGES OF FLEXSHIELD

### Network Discounts

The FlexShield plan gives you access to the Beech Street network of providers — one of the largest in the United States with over 500,000 providers! You’re not restricted to this list — the plan pays benefits regardless of whether you visit a network provider so you have the flexibility to see any provider you wish. However, you’ll realize the most savings by seeing providers in the Beech Street network. When you use a Beech Street provider, the cost of your care may be 40% or more lower than if you saw that same provider without access to the network discount services.

To check if your doctor participates in the Beech Street network, log on to [www.beechstreet.com/patients](http://www.beechstreet.com/patients) and select the link for *Search for a doctor or hospital near you*. When searching the network, select *Primary* for your plan type to ensure you see the correct network. You can also find your doctor by phone by calling the Beech Street Referral Line at (800) 432-1776, Monday through Friday, 5 a.m. to 5 p.m., PST.

### Prescription Drug Discounts

The plan gives you two ways to save money on your prescription cost. As part of FlexShield, you’ll benefit from being a member of the Walgreen’s Health Initiative network, which gives you access to the discount list of approved drugs (also called the formulary). You’ll also receive plan benefits for your prescriptions, up to the yearly limit.

You can find a participating pharmacy by logging on to [www.mywhi.com](http://www.mywhi.com) and clicking on *Pharmacy Locator*. Please note: You will not be able to access this tool until you receive your pharmacy card, which contains your RxGroup Number. You can reach the Walgreen’s Health Initiative Customer Care Center by phone at **(800) 207-2568**, 24 hours a day, 7 days a week.

### Catching Health Problems Early

FlexShield supports the importance of preventive medicine, such as having your yearly health check with your doctor. In fact, one of the best ways to manage your health care dollars is to catch — and treat — any health care problems as early as possible. To support your preventive care, the FlexShield plan benefit for your annual health screening is higher than the reimbursement for a routine doctor’s office visit.

### **Best Doctors: Access to Clinical Opinions**

You have access to the best medical expertise in the world through Best Doctors. Best Doctors is a strictly confidential program included in the FlexShield program.

Best Doctors, Inc. is a company dedicated to giving consumers access to the medical knowledge they need to help them make the best health care choices. Founded in 1989 by doctors affiliated with Harvard Medical School, Best Doctors has developed a renowned database of over 50,000 doctors recognized as the best by top specialists in their field. Working with these specialists, Best Doctors provides you and your doctor with additional information you need to make your treatment choices.

Best Doctors can:

- ◆ Have an expert take another look at your diagnosis and treatment plan
- ◆ Provide your doctor with access to the opinions of additional top specialists
- ◆ Answer your questions from diagnosis to recovery

### **HOW THE PLANS WORKS**

This is just a high-level look at how the FlexShield Benefit Program works. The Certificate of Insurance includes the complete details in benefits, restrictions, and exclusions, as well as how to access benefits. You will receive this detailed description with your Welcome Package.

#### **Scheduled Benefits**

The FlexShield Plan is a schedule benefit accident and sickness indemnity (insurance) plan. This means the plan would pay you fixed benefit amounts in connection with covered medical expenses received as a result of a health condition, emergency or accident. The benefit amounts paid are cumulative, meaning that you will receive payment from the plan for all of the covered services you use.

#### **Payment of Claims**

When you use a network provider, you may choose to have them submit the claim on your behalf. After you've received care, your doctor will submit the bill to FlexShield for payment. You will receive a final bill from your doctor that already reflects the benefits payment.

If you elect to use a provider outside of the Beech Street or Simnsa network, you will be responsible for covering the full amount of the cost of your visit before you submit your claim. Once you have a receipt from your doctor, you can submit the bill and a claim form for reimbursement to:

**HealthPlan Services**  
 A&H Limited Health Claims  
 P.O. Box 3726  
 Seattle, WA 98124

### **Cost-Reducing Tips**

Remember, you'll benefit from the network discounts if you choose to use a provider in the Beech Street network.

Federally-funded community health centers provide health care services at affordable rates based on your income. Locate a health center by visiting the Health Resources and Services Administration website at <http://findahealthcenter.hrsa.gov/>

Your benefit payment should typically arrive within 2 weeks after your claim form and supporting documentation are received.

### Frequently Asked Questions

Below are some answers to the questions you may have about the FlexShield program. If you still have questions, you can reach at IPS representative at (888) 256-3363, Monday through Friday, 8:00 a.m. to 5:00 p.m., Pacific Standard Time.

<b>Who's eligible to participate?</b>	Eligibility is determined and communicated by the employer.
<b>Can I cover my dependents under the plan?</b>	Dependents may be covered under the plan if the employee also elects coverage. Dependents may not be the only covered participants on the plan. The same rates apply and the payment amounts must be covered by the employee.
<b>Will I be required to take a health questionnaire?</b>	All employees who meet the above qualifications can enroll in FlexShield. There are no health-related questions on the enrollment form.
<b>Are there any exclusions for pre-existing conditions?</b>	<p>The FlexShield policy includes a twelve-month pre-existing condition limitation for the Critical Illness benefit. A pre-existing condition means any sickness or injury for which an insured person receives diagnosis, medical advice or treatment or for which they had taken any prescription medicines during the 12 months immediately preceding the effective date. Benefits are not payable in connection with a pre-existing condition during the initial 12 consecutive months the insured person is enrolled for coverage.</p> <p><b>Note: The Critical Illness Benefit is the only benefit subject to the pre-existing condition limitation.</b></p>
<b>How much does FlexShield coverage cost?</b>	The monthly payment amounts are included in the benefit overview flyer included with this enrollment package.

## SCHEDULE OF PAID BENEFITS

The table below is just a summary of the benefits under the FlexShield program. Please reference the Certificate of Insurance for more detailed descriptions of what's covered and the benefit amounts.

Medical Service	Schedule Maximums	Insurance Benefit		
		Silver	Gold	Platinum
<b>Physician Office Visits</b>	Amount for each office visit up to a maximum of four (4) per person or eight (8) per family.  <i>After the scheduled benefit limits have been paid, you still have access to the discounted provider network, that when used, continues to reduce out-of-pocket health care costs.</i>	\$50	\$60	\$75
<b>Prescription Drugs</b>	Amount for each prescription up to a maximum of five (5) per covered person per calendar year.  <i>In addition to the scheduled benefit, covered participants have access to a discounted pharmacy network and retail drug card program through Walgreens that can significantly reduce the cost of prescription drugs.</i>	\$5	\$10	\$15
<b>Health Screening</b>	One (1) health screen covered annually per covered participant up to three (3) per family.	\$100	\$100	\$100
<b>Mammogram</b>	Amount per baseline mammogram, defined by the certificate schedule based on age and medical necessity.	\$100	\$100	\$100
<b>Diagnostic Testing</b>	Amount for each diagnostic test up to a maximum of three (3) per covered participant or six (6) per family per year.	\$50	\$75	\$100
<b>Critical Illness</b>	Up to a maximum amount upon initial diagnosis of diseases such as invasive cancer, heart attack, stroke, renal failure and others. Please see the Certificate of Insurance for a complete description of all the diseases covered and their specific benefit amounts.	\$10,000	\$10,000	\$10,000
<b>Emergency Room Visits</b>	Amount for each emergency room visit up to a maximum of four (4) injury visits per calendar year, including one (1) allowed visit for sickness.	\$100	\$150	\$200
<b>Hospitalization</b>	Amount covered for hospital admission	\$500	\$750	\$1,000
	Amount per day for each inpatient day in the hospital, up to a maximum of thirty (30) days per calendar year.	\$500	\$750	\$1,000

Medical Service	Schedule Maximums	Insurance Benefit		
		Silver	Gold	Platinum
	Additional amount for each day in the Intensive Care Unit, up to a maximum of thirty (30) days per calendar year.	\$500	\$750	\$1,000
<b>Dislocations and Fractures</b>	Maximum amount for certain fractures or dislocations. Benefit amount depends on the injury location. See the Certificate of Insurance for a complete description.	Up to \$1,000	Up to \$1,000	Up to \$1,000
<b>Accidental Death</b>	Amount paid to beneficiaries for death by injury caused by accident.	\$10,000	\$10,000	\$10,000
<b>Surgery</b>	Percentage of amount shown in the Schedule of Operations	50%	80%	100%
<b>Anesthesia</b>	Percentage of amount shown in the Schedule of Operations	25%	40%	50%

## ENROLLING IN FLEXSHIELD

To enroll in the plan, simply complete the forms included with this package. Your first month's premium should be submitted with your application form (unless your employer opts for list bill). Please make the check out for the plan you select and mail your completed enrollment package to:

**Insurance Purchasing Solutions, Inc.**  
8885 Rio San Diego Drive, Suite 300  
San Diego, CA 92108

### When Coverage Begins

Your start date for your coverage is determined by your enrollment period. You will receive two ID cards for your FlexShield coverage: one for medical and one for prescription drug. These cards should arrive at your home address within 30 days of your enrollment date.

### Terms of Enrollment

Once you have enrolled in FlexShield, your elections will remain in effect for twelve months, or until your Company holds another enrollment period. You will not be able to change your plan or the dependents you cover under that plan, unless you experience a Qualified Life Event as defined in your enrollment package.

If you cancel your FlexShield coverage, you will not be eligible to re-enroll until the next enrollment period.

## Questions?

Reach an IPS representative at:

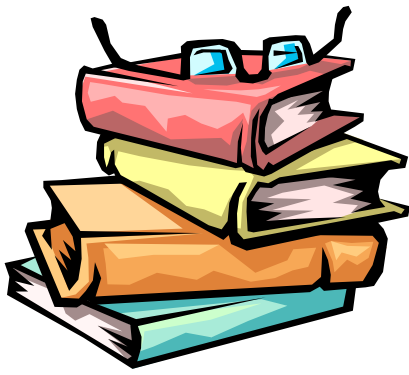
**(888) 256-3363**

Monday through Friday,  
8:00 a.m. to 5:00 p.m., PST

## Paying for Coverage

You can choose to have your monthly payments debited directly from your bank account. Simply complete the Direct Debit Authorization form included in this packet to set up this convenient way to pay your bill. Otherwise, it will be included as a part of a list bill from your employer should that option be selected.

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# Why select a vision plan?

Of the five senses, vision is generally regarded as the most important.

Yet most of us take our sight for granted. Consider some benefits of a vision plan.

- More than half of vision problems may be prevented by regular vision care examinations.
- Routine eye examinations may also detect other illnesses, such as high cholesterol, high blood pressure, diabetes, cancer, brain tumors, or multiple sclerosis.
- One of every four children has a vision problem. Early detection can enhance a child's growth and development.
- Over 162 million individuals are in need of some form of corrective eyewear.
- Good vision is an essential component of a safe work environment. Proper eyewear on the job can mean much less time lost/employee absenteeism due to injuries and chronic eye-related problems such as headaches, neck and back strain, and eyestrain.
- Today's workforce spends more time using computers. As a result, ninety (90%) percent of employees suffer from eyestrain, giving rise to productivity concerns.
- Vision insurance is a wellness benefit. Meaning, you do not have to be sick to use it. In fact, regular eye routine examinations can help you guard against becoming ill.

Medical Eye Services  
**Clarifying Your Vision Care Options**

**MEDICAL EYE SERVICES**  
VISION ADMINISTRATORS



## Summary of Vision Benefits

Administered by Medical Eye Services, Inc. (MES)

### DEMAND MEDIA

**Benefits:**

<b>Comprehensive Vision Exam</b>	<b>One every 12 months</b>
<b>Lenses</b>	<b>One pair every 24 months</b>
<b>Frame</b>	<b>One frame every 24 months</b>
<b>Contact Lenses</b>	<b>One pair every 24 months</b>

The Policy provides full coverage for Covered Services, less a zero co-pay for the examination and a zero co-pay for the materials, when you go to a Participating provider of the Eye Care Network (ECN). If Covered Services are provided by a Non-Participating Provider, charges will be paid, less the zero co-pay for the examination and a zero co-pay for the materials but not to exceed the following Schedule of Allowances.

	Participating Provider	Non-Participating Provider
Comprehensive Examination	Paid In Full	Up to \$ 40.00
Single Vision Lenses	Paid In Full	Up to \$ 40.00
Bifocal Lenses	Paid In Full	Up to \$ 60.00
Trifocal Lenses	Paid In Full	Up to \$ 80.00
Aphakic or Lenticular Lenses	Paid In Full	Up to \$ 125.00
Frame	Paid In Full *	Up to \$72.00
Contact Lenses **		
Medically Necessary	Paid In Full	Up to \$210.00
Cosmetic or Convenience	Up to \$ 120.00	Up to \$ 108.00

**Loss of Sight Benefit:** \$25,000.00 applicable for In Network and Out of Network

**Loss of Sight Maximum Benefit Amount**

Sight of Both Eyes.....	\$25,000.00
Sight of One Eye.....	\$12,500.00

\*Participating Providers allow a selection of frames that retail up to \$120.00 with lenses that fit an eyesize less than 61 millimeters. If a more expensive frame is selected, you are responsible for the additional cost above \$120.00. If the lenses are 61 millimeters or above, the charge for oversize lenses is your responsibility.

\*\*This benefit is in addition to the comprehensive vision examination, but in lieu of lenses and frames. If contact lenses are for cosmetic or convenience purposes, the Policy will pay up to \$120.00 toward the contact lens evaluation, fitting costs and materials. Any balance is your responsibility.

If contact lenses are medically necessary, they are a fully covered benefit. Approval from MES is required. Please refer to your Policy if you require additional information.

In Arizona, California and Nevada, a 20% discount is available from selected ECN providers for cosmetic extras such as tints, coatings and other add-on charges to standard lenses. The discount may be applied to charges for the frame or contact lenses (except disposable or replacement contact lenses) over the stated allowances. The 20% discount also applies to an additional routine exam or materials when benefits are not otherwise available.

Please visit our website at [www.mesvision.com](http://www.mesvision.com) to determine whether your provider offers the 20% discount. Additionally, you may refer to your Participating Provider Directory or call MES at 800-877-6372.



## YOUR ENROLLMENT CHECKLIST

Your employer has teamed up with Insurance Purchasing Solutions, Inc. to offer you a limited benefit medical plan that provides fixed benefits when you incur certain medical expenses, such as doctor visits, prescription drugs, preventive care, and diagnostics.

### What You Need to Do

To ensure your enrollment gets processed correctly, your enrollment packet needs to be complete and contain the following:

- Enrollment Form.** Complete the enrollment form with your information and the information of any dependents you wish to cover under the plan. Be sure to sign and date the form.
  
- Check for first month payment.** Include a check for the monthly rate of the plan and number of dependents you select made out to:

Insurance Purchasing Solutions, Inc.

- Direct Debit Authorization Form.** If you would like to have your payments automatically deducted from your checking account, complete the information on the Authorization Form. If you do not complete this form, you will receive a monthly bill for your coverage, which has an additional administrative charge of \$5.00 per month.

**Remember to attach a voided check to your Authorization Form.**

Questions may be directed to: **Monica Amaya**, [Monica.amaya@hubinternational.com](mailto:Monica.amaya@hubinternational.com), 310-568-5909 or fax 310-642-0116

**Completed Enrollment forms with first month premium should be mailed to:**

Hub International  
6701 Center Drive West, Suite 1500  
Los Angeles, CA 90045

Attention: Monica Amaya



8885 Rio San Diego Dr., Suite 300 | San Diego, California 92108  
p 888.256.3363 | f 619.278.0024 | [www.insps.com](http://www.insps.com)



## DEMAND MEDIA VOLUNTARY BENEFITS

### Flex Shield

	Silver	Gold	Platinum
Employee	\$ 92.16	\$ 124.90	\$ 150.21
Employee + Spouse	\$ 178.82	\$ 244.19	\$ 294.75
Employee + Child(ren)	\$ 173.84	\$ 237.72	\$ 287.21
Employee + Family	\$ 249.02	\$ 342.30	\$ 413.91

### Flex Shield with MES Vision

	Silver	Gold	Platinum
Employee	\$ 101.84	\$ 134.58	\$ 159.89
Employee + Spouse	\$ 196.24	\$ 261.61	\$ 312.17
Employee + Child(ren)	\$ 192.22	\$ 256.10	\$ 305.59
Employee + Family	\$ 274.18	\$ 367.46	\$ 439.07

# Benefit Enrollment and Change Form



New enrollment     Change contact information     Add/delete dependent

Insurance Purchasing Solutions, Inc.

(If using this form to update information only the employee name, date of birth and signature is needed in addition to the new information.)

Subscriber Information

Employer	/ /	- -
	Date of Hire (MM/DD/YYYY)	Social Security Number
Last Name	First	Middle
		/ /
		Date of Birth (MM/DD/YYYY)
Street	City	State
(       ) -	Zip Code	
Daytime Phone Number	E-mail Address	

**Marital Status:**  
 Single                       Divorced  
 Married                       Widowed

**Gender:**  
 Female     Male

**Coverage Level:**  
 Silver Plan  
 Silver Plan with Vision  
 Gold Plan  
 Gold Plan with Vision  
 Platinum Plan  
 Platinum Plan with Vision

**Payment Option:**  
 Direct Debit - Must complete application  
 Monthly bill - \$5 additional service charge

Covered Dependent Information

<b>Spouse:</b>	Last Name	First		/ /
	Social Security # _____		M F	Date of Birth (DD/MM/YYYY)
<b>Child(ren):</b>	Last Name	First		/ /
Attach a separate sheet for additional children.	Social Security # _____		M F	Date of Birth (DD/MM/YYYY)
	Last Name	First		/ /
	Social Security # _____		M F	Date of Birth (DD/MM/YYYY)
	Last Name	First		/ /
	Social Security # _____		M F	Date of Birth (DD/MM/YYYY)

Beneficiary Accidental Death

Last Name	First	Relationship
Street	City	State
		Zip Code

If a beneficiary is not designated, benefits will be paid in accordance with the policy provisions. The company acknowledges receipt of this form, however does not accept responsibility for its validity or legal effect.

**Enrollment Terms**  
 All subscribers will be sent an annual renewal notice no less than 30 days before the effective date of their renewal. During the annual renewal, you will be required to update employment and student status.

**Eligibility**  
 Eligibility is determined and communicated by the employer. Dependents may be covered under the plan if the employee also elects coverage. Dependent children may be covered up to age 19 or up to age 25 if a full time student. Student verification must be

submitted to IPS within 30 days of your FlexShield coverage effective date and every six months thereafter. Proof of domestic partner relationship must be submitted in the form of a signed and completed Affidavit of Domestic Partnership.

**Making Changes to Elections**

You will not be able to change during that period either the plan you have elected, or the dependents you cover, unless:

- Your employer holds another benefit enrollment period;
- The rates for coverage change; or
- You experience a Qualified Status Change, including birth/adoption of a child, becoming the legal guardian of a child, loss of other medical insurance coverage, death, dependent reaching age above the eligibility rules, divorce or marriage.

**Termination of Coverage**

Subscribers can terminate coverage outside of the annual renewal period by submitting notice to IPS in writing. The notice must be received by IPS no later than the fifteenth (15<sup>th</sup>) of the month for termination effective the first (1<sup>st</sup>) of the next month. Notices received after the 15<sup>th</sup> will be processed for termination effective the 1<sup>st</sup> of the following month. Subscribers are eligible to terminate coverage if they experience:

- Loss of job (Coverage is portable and is not required to be terminated if Subscriber leaves current employer);
- New qualification for a major medical plan (Includes eligibility under COBRA and under spouse’s medical plan);
- Premium rate change.

**Payment Terms**

The Subscriber agrees to submit the monthly premiums, either through check or electronic debit, by the fifteenth (15<sup>th</sup>) of the month for coverage effective starting the first of the following month. A \$25.00 fee will be charged for insufficient funds for the monthly premium. IPS will send termination notices to Subscribers who do not submit payment by the due date. Subscribers will receive a notice of any rate changes at least thirty (30) days before the effective date.

**Group Accident and Sickness Indemnity Insurance**

**Underwritten by: National Union Fire Insurance Company of Pittsburg, PA ♦ Executive Offices: 70 Pine Street, New York, NY 10270**

Flex Shield pays indemnity based benefits for a covered injury or sickness. Flex Shield is not traditional comprehensive health insurance and should not be considered a substitute for comprehensive health insurance or major medical coverage. This is only a brief description of the coverage(s) available under the Policy series. The Policy will contain reductions, limitations, exclusions and termination provisions. Full details are contained in the Policy. If there is any conflict between the contents of this document and the Policy, or if any point is not covered in this document, the Policy will govern in all cases. Limited Benefit Health Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY. Coverage may not be available in all states. National Union Fire Insurance Company of Pittsburgh, Pa. assumes no responsibility or liability for any of the services provided by third parties.

**I have read, understand and agree to the terms and conditions of this coverage as detailed in this document.**

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Subscriber Signature:** \_\_\_\_\_



## IPS Debit Authorization Agreement for Monthly Premiums

### AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Subscriber Name:	SSN:
Address :	

**ADD**  **CHANGE**  **DELETE**  
New Direct Debit Participant
Financial Institution and/or Account #
Cancel Participation in the Program

I hereby authorize Insurance Purchasing Solutions Inc., to initiate debit entries to my:  
 Checking Account  
 Savings Account

I hereby authorize Insurance Purchasing Solutions, Inc., ("Company") to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account indicated below and the depository financial institution name below, ("Depository"), to debit and /or debit the same to such amount.

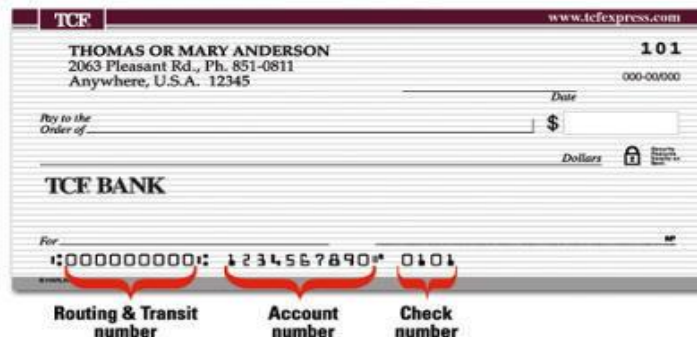
This authorization is to remain in full force and effect until Company has received written notification from Subscriber of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

### Bank Information

Depository Name:	Branch/Bank:
City :	State: <span style="float: right;">Zip:</span>
Routing Number:	Account Number:
Signature:	Date:

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**Please attach a voided check or deposit slip for account validation**



THIS FORM IS TO BE RETAINED AND PLACED IN THE PARTICIPANT FILE AS A MATTER OF RECORD.