

IAC PERSONAL HEALTH PLANS BENEFIT SELECTION FORM

Underwritten by Fidelity Security Life Insurance Company, Kansas City, Missouri

CASE NUMBER _____

APPLICANT'S NAME

SOCIAL SECURITY NUMBER

(LAST) (FIRST) (INITIAL)

PLAN SELECTION: Design your plan by selecting your In-Network plan options. Out-of-Network benefits differ from In-Network benefits and are based on your selections below. See the product brochure for details.

<input type="checkbox"/> Deluxe <u>Deductible:</u> <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$3,500 <input type="checkbox"/> \$4,500 <input type="checkbox"/> \$5,500 <u>Maximum out-of-pocket options:</u> <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$4,000	<input type="checkbox"/> Advantage <u>Deductible:</u> <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	<input type="checkbox"/> Value <u>Deductible:</u> <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$3,500 <input type="checkbox"/> \$4,500 <input type="checkbox"/> \$5,500 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000	<input type="checkbox"/> High Deductible <u>Deductible:</u> Single Family <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$2,700 <input type="checkbox"/> \$5,450 <input type="checkbox"/> \$3,000* <input type="checkbox"/> \$6,000* <input type="checkbox"/> \$4,000* <input type="checkbox"/> \$8,000* <input type="checkbox"/> \$5,250* <input type="checkbox"/> \$10,500* *Available only if 100% Coinsurance Option is selected. <u>Coinsurance Options:</u> <input type="checkbox"/> 100% <input type="checkbox"/> 80% <u>HSA Enhancement</u> <input type="checkbox"/> IAC Embedded HSA <input type="checkbox"/> Other HSA (Submit attestation of HSA form) <input type="checkbox"/> No HSA	<input type="checkbox"/> Daily Plan <u>Daily Copay</u> <input type="checkbox"/> \$250 <input type="checkbox"/> \$500
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Preferred Provider Organization (PPO) Network Selected:

Optional Benefits

Outpatient Prescription Drug Coverage	<input type="checkbox"/> Rx SAAOI (Not available on the Daily Plan) <input type="checkbox"/> Default Rx Option Outpatient Rx covered the same as any other illness.
18-Month Rate Guarantee	<input type="checkbox"/> Yes <input type="checkbox"/> No (12-Month Rate Guarantee will apply if not elected)
Wellness Coverage <i>Automatically included in TX</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplemental Accident	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
Vision Coverage	<input type="checkbox"/> Option 1- \$10 Exams / \$25 Lenses <input type="checkbox"/> Option 2- \$20 Exams / \$20 Lenses
24-hour Occupational Coverage <i>Automatically included in FL</i>	Sole proprietors, partners (ownership over 10%), or business owners not covered by Workers' Compensation are eligible. Do you qualify for this benefit? (Verification may be necessary.) Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No

Life Insurance - Life insurance is not available in FL, OH, OK, or TX.

Yes: \$10,000 Minimum
 Other: List amount in \$10,000 increments, up to \$100,000 \$ _____

No

Dependent Life Insurance Yes No

BENEFICIARY:

RELATIONSHIP:

Attach this form to your Fidelity Security Life Insurance Company Application for Insurance

Case Number	Enter	Date	For Administrative Use Only		Eff Date	PCEFD	Other:
			Approved By	Date			