



INCOME PROTECTOR

SHORT TERM ACCIDENT/DISABILITY INCOME INSURANCE
INCOME PROTECTION YOU CAN DEPEND ON

INCOMEPROT-BR-FLIC-0123

Insurance Underwritten By:
Freedom Life Insurance Company of America



INCOMEPROTECTOR

PROTECT YOUR FAMILY'S INCOME

Freedom Life Insurance Company of America A Company You Can Count On!

A Member of the USHEALTH Group family of companies.

As a valued member of the American Independent Business Coalition, You are entitled to apply for coverage under Freedom Life's Short Term Accident Disability Income Insurance Plan issued to the Association for the benefit of our members.

- Protecting customers in over 35 states.
- Over **100 collective years** of health insurance **experience**.¹
- Over **15 million** customers served.²
- Over **1 Billion Dollars** in **CLAIMS PAID!**³
- **Dedicated Professional Insurance Agents To Help You.**
- **Person-to-Person customer service** – You don't have to talk to a machine.



¹Total number of years USHEALTH Group, Inc. subsidiaries Freedom Life Insurance Company of America, National Foundation Life Insurance Company, and Enterprise Life Insurance Company have been in business.

²Review of Customer Services and Claim Transactions 2010-2018.

³Review of All Claims Paid 2010-2018.

So Much Depends On You.

When You're Not Able to Work,
You Need Income **PROTECTION** You Can Depend On.



FACTS:

- 78% of Full time employees live from paycheck to paycheck.¹
- 63% of working Americans would have difficulty supporting themselves within 6 months of becoming disabled.²

¹CNBC.com, 2017

²2020 Insurance Barometer Study conducted by the Life Insurance Marketing and Research Association (LIMRA)

IncomeProtector Helps Cover Your Bills When You Can't Work Due to a Covered Disability

FACT:

The average American household earns \$67,565¹ annually, and spends \$57,311² in annual household expenses. There's not much left over for emergency funds.

¹Internal Revenue Service, 2016

²U.S. Dept. of Labor, 2016



If You become disabled due to a covered accident, IncomeProtector can help pay Your bills for up to 12 months. This means You can spend more time on Your recovery and less time worrying about how You will make ends meet.

PROTECT AGAINST THE UNEXPECTED

How Long Could You **Survive** Financially **Without** a Paycheck?

Whether You have a family or are a team of one, the **bills don't stop** just because **You are sidelined with an accidental injury**. When accidents happen, **INCOMEPROTECTOR** can help by providing **monthly benefits** to **assist You with bill payments** and general expenses. Don't let the unexpected stop You in Your tracks. We hope an accident never happens, but if it does, it's better to be prepared. **INCOMEPROTECTOR** can be an important part of Your **overall** game plan of **protection**.



Protect Your Income In **3 EASY** Steps!

1

**Your Monthly
Total Disability
Benefit**

■ \$1,500

2

**Choose Your
Elimination
Period**

- 14 Days
- 30 Days

3

**Choose Your
Maximum
Period for
Benefit
Payments**

- 3 months
- 6 months
- 12 months



HOW INCOMEPROTECTOR WORKS

PROTECTION For Up To 12 Months

IncomeProtector pays You monthly Benefits if You become Totally Disabled due to a Covered Accident while You are Actively at Work. "Total Disability" or "Totally Disabled" means that due to Injury, You are: 1. under a Provider's care, You have reached maximum point of recovery and are still disabled under the terms of the contract. The Company reserves the right to periodically examine or cause to have examined You at Your own expense according to the terms of the contract, and 2. unable to engage in any employment or occupation for which You are qualified by reason of education, training or experience and are not in fact Actively at Work, as certified by a Provider upon our request. Your Monthly Total Disability Benefit will begin on the first day following Your chosen Elimination Period. We will pay You the lesser of the Monthly Total Disability Benefit of \$1,500 or 60% of Your Prior Monthly Income.^{1,2}

We will pay 1/30 of the Monthly Total Disability Benefit otherwise payable for each day of a Period of Total Disability that is less than a full month. The Total Disability Period must commence within thirty (30) days of the Injury due to a Covered Accident which caused Your Total Disability.

PROTECTION For Future Occurrences

Once Your Period of Total Disability ends for which We have paid Benefits, due to a Covered Accident and You become Totally Disabled again within twelve (12) months from the same or related cause, We will consider it a continuation of the prior Period of Total Disability. If You have been Actively at Work for more than twelve (12) consecutive months and once again become Totally Disabled, due to a Covered Accident We will consider it a new Period of Total Disability.

PROTECTION Outside The U.S.

IncomeProtector offers up to three months coverage for any Total Disability due to a Covered Accident sustained or continued outside the United States, Canada or Mexico. If You remain Totally Disabled upon returning to any of these countries, Your Benefits will resume up to the maximum benefit period as long as You remain Totally Disabled.

¹ See Certificate for details.

² If Total Disability is caused by more than one (1) Injury, We will pay as if the Total Disability was caused by only one (1) Injury.

PLAN FEATURES

PREMIUM RATE ADJUSTMENT

We will not raise Your premium rates on an individual basis due to Your personal claims experience. We may raise Your premium rates on Your Renewal Date based on Your Renewal Premium Class for all Certificates in Your state.

MANDATORY DISPUTE RESOLUTION

The Certificate contains Mandatory Dispute Resolution Procedures for the prompt, fair and efficient resolution of any Dispute. This provision provides for the parties to first attempt to achieve resolution of any Dispute through negotiation. If the parties cannot reach an agreement through negotiation, this provision provides for resolution to be then attempted through non-binding mediation. Finally, if the parties cannot reach an agreement through mediation, this provision provides for a neutral arbitrator to assist the parties with resolution through binding arbitration.

Arbitration does not apply to the following states: Arkansas, Indiana, Iowa, South Carolina, Texas and West Virginia.

TERMINATION AND RENEWABILITY

An applicable Insured's coverage ends on the earlier of the following:

- the due date of any unpaid Renewal Premium, subject to the grace period;
- the date We receive due proof that fraud or intentional misrepresentation of material fact existed in the application for Your coverage under the Certificate or in a claim for Benefits;
- the date You terminate coverage by notifying Us of the date You desire coverage to terminate; or the premium due date in the month following Your attainment of age 68;
- the premium due date in the month following the date the Certificate is terminated in which case You will be given thirty-one (31) days prior written notice of the termination, mailed to Your last known address;
- We are required by the order of an appropriate regulatory authority to non-renew or cancel the Group Short Term Accident Disability Income Insurance Policy or a Class under the Group Short Term Accident Disability Income Insurance Policy; or
- We elect to discontinue offering short term accident disability income coverage to all individuals in Your state who are covered under the same coverage form as the Certificate, in which case You will be given a minimum of thirty-one (31) days prior written notice of the termination, mailed to Your last known address.

NON-COVERED EXPENSES AT A GLANCE

No Benefits shall be payable under the Certificate for any loss caused by, in whole or in part, contributed to or resulting from, directly or indirectly, any of the following incidents, events, occurrences or activities involving any Insured:

- Injury due to any act of war (whether declared or undeclared);
- intentionally self-inflicted Injury;
- suicide or any suicide attempt while sane or insane;
- serving in one of the branches of the armed forces of any foreign country or any international authority;
- an Injury occurring outside the borders of the United States of America or its territories except as provided in the FOREIGN TRAVEL BENEFIT provision of the Certificate;
- any Injury while engaging, committing, or attempting to commit a felony or illegal occupation or while being arrested or incarcerated;
- participation in hang gliding, paragliding, hot air ballooning or any other form of aviation, except as a fare-paying passenger traveling on a regularly scheduled commercial airline flight;
- participating, as driver or passenger, in any competition, race or speed contest, including sanctioned practice thereof, of any land or water vehicle;
- engaging in bungee jumping, parachuting, rock climbing, parasailing, parakiting, surfing, mountaineering, skateboarding, or any other hazardous avocation;
- participation in rodeo or equestrian events, semi-professional or professional sports or any other hazardous activity for wage, compensation, or profit;
- participating in intercollegiate sports or club sports activities;
- Injuries from raising, caring, handling or working with dangerous animals;
- Mental and Emotional Disorders;
- an Insured being intoxicated or under the influence of alcohol or any drug, narcotic or hallucinogens unless administered via a prescription and on the advice of a Provider, and taken in accordance with the limits of such advice. An Insured is conclusively determined to be intoxicated by drug or alcohol if: (i) a chemical test administered in the jurisdiction where either the Accident occurred or the Insured was medically treated is at or above the legal limit set by that jurisdiction; or (ii) the level of alcohol or drug was such that a person's coordination and/or ability to reason was impaired, regardless of the legal limit set by that jurisdiction;
- sickness;
- the unintended or accidental results of any surgery or operation performed either for cosmetic purposes or in an attempt to surgically treat any sickness;
- the unintended or accidental result of any procedure, surgery or operation performed for cosmetic purpose or in an attempt to surgically treat any sickness, or any elective procedures not medically necessary, including but not limited to organ donation and elective sterilization;
- intentional inhalation or ingestion of any poison, gas or fumes;
- the operation by an Insured of any motor vehicle without the permission/consent of the owner of such vehicle;
- the operation by an Insured of any motor vehicle without a valid operator's license/permit;
- bacterial or viral infection, except such infection occurring with or through a cut or wound in the skin sustained in an Accident or the accidental ingestion of contaminated material;
- participating as a driver or passenger on a motorcycle, or an off-road or ATV vehicle;
- actively serving in any armed forces, including National Guard or Army Reserves; and
- Injuries from being arrested or incarcerated or caused while incarcerated in penal institution or government detention facility.

ACA INDIVIDUAL MANDATE & SHARED RESPONSIBILITY PAYMENT

The IncomeProtector Plan provides disability income benefits for disability resulting from covered accidental bodily injuries and is neither a traditional major medical plan nor a Workers Compensation plan under state law. The IncomeProtector Plan is considered an “excepted benefit plan” under the ACA and is not a “minimum essential coverage” plan under the ACA. The ACA generally requires individuals to maintain “minimum essential coverage” or be subject to the payment of the annual shared responsibility payment with the payment of their taxes to the federal government. Congress eliminated the shared responsibility payment in 2019 and beyond for individuals who do not maintain ACA “minimum essential coverage” during 2019 or any year thereafter.

NOTES

Insurance coverage underwritten by:
Freedom Life Insurance Company of America
A member company of USHEALTH Group®
P.O. Box 1719 | Fort Worth, TX 76101 | 1-800-387-9027

The information shown here and in any accompanying literature is a brief description only and does not contain the full specifications, limits, and exclusions applicable to the coverage. Important limitations, reductions, and exclusions will apply. The Certificate sets forth, in detail, the rights and obligations of both You and the insurance company, and only the Certificate defines and controls the rights and obligations of the parties. It is, therefore important that You READ THE CERTIFICATE CAREFULLY!

GROUP POLICY: GRP-P-06-FLIC

The underwriting insurance company in Your state has agreed to perform or cause to be performed certain monthly administrative services on behalf of the association including the collection of certain enrollment fees and monthly membership dues on behalf of the association, and transmission to the association of monthly membership census data. The underwriting insurance company in Your state is paid a monthly fee by the association for these administrative services.

USHEALTH
GROUP

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Freedom Life Insurance Company of America