

Golden Rule Insurance Company administers the Term Life SafeGuard insurance plans, which include specific Life Insurance Policy Forms and an Accelerated Death Benefit Rider for critical illnesses. This product offers limited benefits and does not meet the Affordable Care Act's coverage requirements, as it is not classified as major medical or comprehensive health insurance. The Term Life SafeGuard plan provides a term life insurance policy with an optional Critical Illness Benefit that pays a one-time cash benefit for qualifying critical illnesses, with a 30-day waiting period for diagnoses. Coverage amounts and terms can be selected by the policyholder, and benefits are intended to assist with expenses such as household bills and childcare in the event of serious illness or death. The policy can be renewed annually until the insured reaches 75 years of age, with premiums increasing each year. Exclusions include death by suicide within two years, deaths resulting from intoxication, acts of war, and participation in certain high-risk activities. For death benefits to be paid, written proof of death must be submitted within 90 days, and beneficiaries can be assigned at any time. The policy will terminate upon the insured's 75th birthday, nonpayment of premiums, or upon the insured's death. The policyholder must provide accurate information during the application process, as misstatements can void coverage. The brochure serves as a general outline and is not a legal interpretation of the policy, which contains the complete terms and conditions.

The Medical Information Privacy Notice, effective January 1, 2019, details the provider's obligations to protect the privacy of health information, including identifiable information related to physical or mental health and healthcare payment. The provider must notify individuals of how their information may be used or disclosed and inform them of their rights regarding this information. Health information may be used for treatment, payment, and healthcare operations, and disclosures may occur for public health activities, legal proceedings, or to protect against serious threats to health or safety. Individuals have rights to request restrictions on the use of their information, receive confidential communications, access and amend their health records, and obtain an accounting of disclosures. The Fair Credit Reporting Act Notice indicates that consumer reports may be

requested, and the MIB section explains that information may be reported to the Medical Information Bureau.

The Financial Information Privacy Notice, also effective January 1, 2019, emphasizes the commitment to maintaining the confidentiality of personal financial information collected during the application process or through transactions. This information will not be disclosed to third parties except as legally permitted, and access is restricted to employees involved in administering healthcare coverage. The document includes a conditional receipt section stating that insurance coverage becomes effective only if specific conditions are met, including the completion and acceptance of the application, payment of the first premium, and issuance of the policy within 45 days. Failure to provide accurate medical information may result in denial of claims or voiding of coverage. The policy includes an authorization for the company to obtain necessary health information for underwriting, valid for 30 months, and specifies state variations for benefits, exclusions, and limitations.

Exclusions for critical illness benefits vary by state, with some states not applying exclusions related to driving while intoxicated or participation in riots. In North Carolina, policyholders receive written notification at least 45 days prior to premium changes, while Ohio eliminates the waiting period for critical illness benefits. Pennsylvania specifies that the optional critical illness benefit is unavailable, and misstatements regarding age or tobacco use may adjust the payable amount. The policy emphasizes the importance of understanding exclusions, claims conditions, and the policyholder's obligations regarding accurate disclosures.

Variable life insurance policies allow policyholders to choose investments that affect the cash value of the policy, carrying a higher risk of loss compared to non-variable policies. It is crucial to ensure affordability of premiums, which may increase due to various factors. The application process can be completed through agents, by mail, or online, requiring personal information and possibly a

medical assessment. Honesty in the application is essential, as false statements can lead to reduced or canceled coverage. Choosing a beneficiary is critical, and it is advised not to name minor children directly. After receiving the policy, it is important to review it for accuracy and understand any variations in premiums or values. A 10-day period is typically allowed for returning the policy for a full refund if unsatisfied. Regular reviews of the life insurance program with an agent or financial advisor are recommended, especially after significant life events, and beneficiaries can be changed at no cost.