AGENT GUIDE

SAVERS ADVANTAGE

HOME HEALTH CARE INSURANCE

Standard Life And Casualty Insurance Company

Protecting American Families Since 1947

Underwritten by **Standard Life And Casualty Insurance Company**

TABLE OF CONTENTS

I. WELCOME

We are delighted that you have selected Standard Life And Casualty Insurance Company (Standard) as your partner and will be marketing Savers Advantage Home Health Care Insurance. Welcome to the Standard Team.

This Agent Guide contains information to assist you in enrolling eligible prospects in a Savers Advantage Home Health Care Insurance policy. This guide explains the business procedures and enrollment requirements to help your Standard applications get processed quickly and efficiently.

About Standard

For over 60 years, Standard has been helping individuals and businesses by providing innovative products and superior customer service. Standard provides competitive Medical, Life, Cancer, and Supplemental Health insurance with the personal attention expected from an insurance company. Standard was founded in Rock Hill, SC and is licensed in 20 states. Standard has sales agents located across the country and our headquarters is located in Salt Lake City, UT.

Standard remains faithful to the core values on which it was founded: competitive products, personal service, and prudent financial management. Standard's Customer Service team is friendly, knowledgeable, and helpful. Standard truly has protected American families since 1947.

Home Health Care Market

Home health care is a diverse and dynamic service industry that has its US roots in the latter half of the 19th century. The industry has continually grown since that time. This is due in part to the growth of the Medicare-eligible population. As the "Baby Boom" generation continues to age and turn 65, the demand for home health care services will likely continue to increase. By 2030, it is projected that one in five people, or a full 20 percent of the population (approximately 70 million) will be 65 years old or older.

Home health care services are not just utilized by Medicare-eligible individuals. In fact, one recent study found that of all home health care discharges, 4.1% were under age 17; 10.1% were ages 18 to 44; and 16.4% were ages 45 to 64.

A recent study published by the National Association for Home Care & Hospice stated that approximately 12 million people currently receive home care and hospice services. This same study indicated that annual expenditures for home health care are greater than $72 billion.

This market has also grown for reasons outside of population growth. In fact, most studies indicate that people prefer to recover at home instead of a nursing home. Hospital stays are typically shorter in length than in the past. More and more people choose to recover at home instead of staying in the hospital for an extended period of time. Additionally, home health care is often a cost-effective service for both those recovering from an illness or injury as well as for those unable to care for themselves. All of these statistics point to an expanding marketplace and significant potential for Standard and its marketing partners.

(**Sources**: National Association for Home Care & Hospice, *Basic Statistics About Home Care*, Updated 2010. US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, *2000 National Home and Hospice Care Survey*, CD-ROM Series 13, No. 31, July 2002.)

II. PLAN DESCRIPTION

The Savers Advantage Home Health Care Insurance policy offered by Standard is designed for beneficiaries that would prefer to seek and receive care in the comfort of their own home versus entering a nursing home. Benefits under this policy are payable regardless of any other coverage your client may have, including Medicare.

Savers Advantage Home Health Care Insurance is available with two different levels of coverage: Classic & Deluxe. An Extra Benefits Rider is also available with additional coverage options. (Please see the Policy, Extra Benefits Rider, and/or Outline of Coverage for specific benefits and state-specific details.) General benefit highlights for Classic and Deluxe are as follows with the following chart outlining policy highlights:

- **Home Health Care Benefit**: Payment up to the daily maximum benefit, subject to eligibility conditions, for approved services provided in the home from an Approved Home Health Care Practitioner.
- **Home Health Care Aide Benefit**: Daily benefit, subject to eligibility conditions, for each day services are provided immediately following a hospital confinement of not less than three days.
- **Prescription Drug Benefit**: Per prescription benefit for both generic and brand scripts limited to the maximum benefit amount per policy year.

Highlights – Savers Advantage Home Health Care Insurance		
	CLASSIC	**DELUXE**
HOME HEALTH CARE BENEFIT		
Daily Maximum Aggregate Benefit	$150	$300
Maximum Benefit Period	(See state variation chart.)	
Home Health Care Services	**Daily Benefit Amount**	
Skilled Nursing Care (RN)	$75	$150
General Nursing Care (LPN, LVN, etc.)	$60	$120
Physical Therapy	$75	$150
Speech Pathology	$75	$150
Occupational Therapy	$75	$150
Chemotherapy Specialist Services	$60	$120
Enterostomal Therapy	$50	$100
Respiration Therapy	$50	$100
Medical Social Services	$100	$200
HOME HEALTH CARE AIDE BENEFIT		
Daily Benefit	$40	$80
Maximum Benefit Period	(See state variation chart.)	
PRESCRIPTION DRUG BENEFIT		
Maximum Aggregate Benefit per Policy Year	$300	$600
Per-Prescription Benefit, Generic Drugs	$10	$10
Pre-Prescription Benefit, Brand-Name Drugs	$25	$25

Extra Benefits Rider highlights are as follows with the following chart outlining policy highlights:

- **Annual Physical Examination Benefit**: Payment per the schedule below if policyholder has a physical exam performed by a physician more than 12 months after the rider effective date. The same benefit applies in each succeeding 12-month period.

- **Accidental Death & Dismemberment Benefit**: Benefits per the schedule below for an accidental death or an accidental bodily injury resulting in the loss of finger, toe, hand, arm, foot, leg, or sight.

- **Home Medical Equipment Benefit**: Payment up to the maximum per benefit period when home medical equipment is required, specifically related to a sickness or injury for which Home Health Care benefits are paid. Covered home medical equipment limited to:
  - Mobility assistance
  - Transfer aids
  - Bathroom safety
  - Home accommodations
  - Personal medical equipment

Highlights – Savers Advantage Home Health Care Insurance	
	AMOUNT
ANNUAL PHYSICAL EXAM BENEFIT – Policy Year Maximum	$150
ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT	
Accidental Death	$10,000
Maximum Dismemberment Benefit:	
Sight, both eyes	$5,000
Sight, one eye	$2,500
Hand, arm, foot, or leg (multiple)	$5,000
Hand, arm, foot, or leg (single)	$2,500
Finger or toe (multiple)	$500
Finger or toe (single)	$250
HOME MEDICAL EQUIPMENT BENEFIT	
Maximum benefits paid per Benefit Period as described in the Policy	$500

State Availability & State Variations Chart

State	Availability	Pre-Existing Conditions Exclusion Period	Max. Benefit Period – Home Health Care Benefit	Prior Hosp. Conf. Required – Home Health Care Aide Benefit	Max. Benefit Period – Home Health Care Aide Benefit	Guaranteed Renewable
Alabama	**Approved**	6 months (≤ 65 only)	360 days	3 days	60 days	Yes
Arkansas	**Approved**	6 months	365 days	3 days	60 days	Yes
Colorado	No					
Florida	No					
Georgia	**Approved**	6 months (≤ 65 only)	360 days	3 days	60 days	Yes
Indiana	**Approved**	6 months	360 days	3 days	60 days	Yes
Kentucky	No					
Louisiana	**Approved**	6 months	360 days	3 days	60 days	Yes
Mississippi	**Approved**	6 months	365 days	3 days	60 days	Yes
Missouri	**Approved**	6 months	360 days	3 days	60 days	Yes
Nevada	**Approved**	6 months	360 days	3 days	60 days	Yes
North Carolina	**Approved**	6 months (≤ 65 only)	365 days	3 days	60 days	No
North Dakota	No					
Ohio	**Approved**	6 months	365 days	3 days	60 days	Yes
Oklahoma	**Approved**	6 months	365 days	3 days	60 days	Yes
South Carolina	**Approved**	6 months	360 days	3 days	60 days	Yes
South Dakota	**Approved**	6 months	365 days	3 days	60 days	Yes
Tennessee	**Approved**	6 months	330 days	3 days	60 days	Yes
Texas	No					
Utah	**Approved**	6 months	360 days	3 days	60 days	Yes

III. RATES AND PREMIUM PAYMENTS

Rates

Savers Advantage rates vary by state and by age. Consult the rate schedule for each state for specific details.

Premium Payments

Standard allows payment via the following four premium modes. Monthly premium payments must be made via automatic bank draft. If the applicant desires direct bill (payment via check), then the premium mode options are quarterly, semi-annual, and annual.

- **Monthly (Only available via bank draft. This is Standard's preferred payment mode.)**
- **Quarterly**
- **Semi-annual**
- **Annual**

If submitting an application via fax or electronic document submission and you (the agent) have collected a premium check, there are two options available for submitting this check for payment. One, please mail the check along with a copy of the first page of the application to one of the addresses provided in the "Submitting New Business" section. Two, you can complete the "Authorization To Fax Check" form (copy included in this Agent Guide). Please include a copy of the filled out check along with all of the other materials/pages being faxed in with the application. Standard will then be authorized to initiate an electronic funds transfer from the applicant's bank account according to the terms of the check. This means that the check will be converted to an electronic transaction. Any check for premium should be made payable to **Standard Life And Casualty**.

Standard does not accept an agent's personal check for the initial premium on new business. Money orders and cashier's checks are acceptable for initial premium but the money must be paid by the applicant.

Third party payor premium payments are only accepted on a limited basis. They are only accepted from the applicant, owner, or a person that has an insurable interest in the applicant. Examples of third parties from which payment will not be accepted include, but are not limited to, charitable/non-profit organizations, clinics, medical centers, agents, and home health care providers or practitioners. If a third party will be paying for the policy, please indicate on the initial premium check and/or bank draft form the relationship the payor has to the applicant.

IV. ADMINISTRATIVE GUIDELINES

Conditions on Eligibility

Applicant must be between the ages of 40 and 85 as of the effective date. The applicant must be a resident of a state where the product is filed and approved.

Holding More Than One Policy

An individual is only able to have one Savers Advantage Home Health Care Insurance policy in place.

Completing An Application

The agent needs to complete the application with the applicant actively engaged throughout the process. The agent can either be at the same physical location as the applicant/owner or they can complete the application process over the phone. Regardless of how the application process takes place, both the applicant/owner and the agent must physically sign the document. Therefore, if the application is completed over the phone, the agent must fax or send the application to the applicant/owner in order to obtain their signature before submitting the completed application to Standard.

Submitting New Business

Prior to submitting applications:

- Review application for completeness and accuracy.
- Check the Required Forms List in this Agent Guide and make sure that all required forms are completed with a copy delivered to the applicant as appropriate.
    - The "Important Notice to Persons on Medicare" form is required whenever an applicant is eligible for Medicare. This is typically age 65 and older but there are some exceptions to this rule for younger individuals. Applicants that state they are replacing other health insurance coverage with this policy must also complete the form. The completed copy of the form is submitted to Standard with the application and all other applicable forms.
- Verify correct premium amount.
- Collect bank draft authorization information and signature(s) as applicable.
- Include your (agent) printed name, agency name, signature, producer ID#, and date on the application. If one or more of these items is missing, the application will be processed but the agent may not be paid.

To Submit By Mail:

Standard Life And Casualty Insurance Company
PO Box 510690
Salt Lake City, UT 84151-0690

To Submit By Overnight Courier Delivery:

Standard Life And Casualty Insurance Company
420 East South Temple St.
Suite 555
Salt Lake City, UT 84111

To Submit By Fax:

- Complete the "Application Fax Cover Sheet Checklist" (copy included in this Agent Guide).
- Send fax to 1-866-754-9350 (toll free) or 801-538-0392.
- **Please note**: Please include a Fax Cover Sheet Checklist with all faxes.

To Submit Electronically:

Standard's electronic document submission option is another alternative for submitting applications. With this submission option, an agent is able to upload PDF documents such as applications, state license information, and other policyholder communications directly to Standard. The process is easy, simple, and free!

Please note: An agent must be setup for this submission option prior to uploading their first document. Please contact Agent Support to get setup today.

Effective Dates

Coverage is not effective until a policy has been issued by Standard and delivered to the insured. While Standard does allow an effective date any day of the month, policies are typically effective on the date of the first bank draft. Standard processes bank draft payments on the following dates:

- 1st
- 3rd
- 5th
- 10th
- 15th
- 20th
- 25th
- 2nd Wednesday of the month
- 3rd Wednesday of the month
- 4th Wednesday of the month

The bank draft date selected also becomes the policy effective date as these two dates must match. Additionally, the policy effective date cannot be prior to the applicant's signature date.

Once an application is processed and accepted, the policy is scheduled for the next available bank draft which becomes the policy effective date unless otherwise indicated on the application. Applicants choosing bank draft for premium payment should select "Date of Issue" on the application. Or, they may write their desired bank draft date on the Bank Draft Authorization Form. An effective date for a day of the month that is not a bank draft date is only allowed if the applicant has selected a premium mode of quarterly, semi-annual, or annual.

For applicants desiring a bank draft date that coincides with receipt of their Social Security benefits (3rd of the month or any of the 3 Wednesdays), they should select the appropriate bank draft date based on Social Security Administration guidelines. The two key factors are the date that Social Security benefits began and the applicant's birthday.

Additional Considerations

- A physical address must be provided on the application. If the applicant wants to be billed at a PO Box, indicate this address in the "Mailing Address" section of the application.
- Any corrections must be initialed/dates by the applicant/owner. Do not use white-out.

V. BENEFITS, CLAIMS AND PRE-EXISTING CONDITIONS

Benefits and Pre-Existing Conditions

Benefits begin as soon as a Covered Person meets the requirements. Refer to the Outline of Coverage in each state for specific details. This policy is not considered to be in force nor effective for any Pre-Existing Condition, until six months after the policy's effective date.

Benefits – Exclusions

It is important to note that the policy does not cover any loss caused or contributed by items on this list below. These exclusions apply to **all** benefits of the policy including the Prescription Drug and Extra Benefits.

- Mental or emotional disorders (Note: This exclusion does not apply to Alzheimer's Disease, senility or other organic brain syndrome. These diseases are covered by this policy like any other Sickness subject to the Pre-Existing Conditions Limitation).
- Alcoholism or drug addiction.
- Pregnancy, except that complications of pregnancy shall be covered as any other Sickness.
- War or act of war (whether declared or not).
- Voluntary participation in a felony riot or insurrection.
- Service in the armed forces or units auxiliary to it.
- Attempted suicide, while sane, or intentionally self-inflicted Injury.
- Injury or Sickness to the extent benefits are payable under a state or federal worker's compensation law, employers liability or occupational diseases law, or motor vehicle no-fault law.
- Services performed by a member of a Covered Person's Immediate Family.
- Services for which no charge is normally made in the absence of insurance.
- Dental care or treatment.
- Rest cures, custodial care or transportation.

Benefits – Claim Process/Claim Payments (Home Health Care & Home Health Care Aide Benefits)

Payment of the Home Health Care Benefit and/or Home Health Care Aide Benefit is subject to the following:

- Loss must be incurred after the Effective Date and while the policy is in force.
- Claim is subject to the terms of the policy.
- Care must be provided in home by an Approved Home Health Care Practitioner (Home Health Care Benefit).
- Care must be provided in home by a Home Health Care Aide (Home Health Care Aide Benefit).
- Covered Person must be unable to perform, without the assistance of another person, two or more Activities of Daily Living; or Covered Person must require continuous supervision and assistance due to a Cognitive Impairment. To meet this condition, the Covered Person's Physician must perform standard tests and certify in writing that the Covered Person is unable to perform two or more Activities of Daily Living or has a Cognitive Impairment. The physician should use the "Physician's Home Health Certification" form.

- For the Home Health Care Benefit, policyholder should provide to Standard's Claims Department a completed claim form, an itemized bill outlining services rendered, the sales receipt, and their policy number.

- For the Home Health Care Aide Benefit, policyholder should provide to Standard's Claims Department a completed claim form, a bill or EOB from a hospital showing a stay of not less than 3 days prior to receiving the HHC aide services, an itemized bill outlining services rendered, the sales receipt, and their policy number.

- The Policyholder should use the "HHC – Standard Home Health Care Benefits Claim" form.

Benefits – Claim Process/Claim Payments (Prescription Drug Benefit)

Payment of the Prescription Drug Benefit is subject to the following:

- Claim must be incurred after the Effective Date and while the policy is in force.

- Claim is subject to the terms of the policy.

- Policyholder should provide to Standard's Claims Department a copy of the detailed prescription receipt outlining what was filled, the sales receipt, the completed claim form chart providing Rx Name, Date Rx Filled, Rx Type, and Amount paid, and their policy number.

- Policyholder should use the "HHC – Rx Claim" form.

Benefits – Claim Process/Claim Payments (Extra Benefits Rider)

Payment of the Annual Physical Examination Benefit, Accidental Death & Dismemberment, and/or Home Medical Equipment Benefit is subject to the following:

- Claim must be incurred after the Effective Date and while the policy is in force.

- Claim is subject to the terms of the policy.

- For the Annual Physical Examination Benefit, policyholder should provide to Standard's Claims Department proof of the physical exam (EOB, Medicare EOB, etc.), the sales receipt, and their policy number.

- For the Home Medical Equipment Benefit, policyholder should provide to Standard's Claims Department information regarding the medical equipment category, a detailed description of the equipment, the sales receipt, and their policy number.

- For the Accidental Death & Dismemberment Benefit, policyholder should provide to Standard's Claims Department detail regarding the accident, contact information for the physician treating the injury, and their policy number.

- The Policyholder should use the "HHC – Extra Benefits Rider Claim" form.

FAQs – Claims

Question:	*Is there a deadline for filing a claim for Home Health Care Benefits or Prescription Drug & other Extra Benefits? I noticed language in the policy regarding "Proof of Loss" and "Notice of Claim" and would like some clarity.*

Answer: The language in the Policy for most states is as follows on this topic:

> **NOTICE OF CLAIM:** You must give us written notice of claim. It must be given within 20 days after a covered loss occurs or starts, or as soon as you reasonably can. You may give the notice or you may have someone do it for you. Such notice should give your name and policy number. Notice should be mailed to us at our Home Office or to any authorized agent.
>
> **PROOF OF LOSS:** You must give us written proof of your loss within 90 days after the date of loss. Failure to furnish such proof within the time required will not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the insured, later than one year from the time proof is otherwise required.

There are state variations in the number of days allowed for Notice of Claim and for Proof of Loss. The grid that follows outlines these state variations.

Simply stated, the Policy requires that Home Health Care claims be filed to Standard within the number of days provided in the Notice of Claim column. Prescription Drug and other Extra Benefits claims must be filed to Standard within the number of days provided in the Proof of Loss column.

Standard does require policyholders to adhere to the Policy and Notice of Claim deadline when notifying Standard of a Home Health Care claim. However, please note that Standard currently interprets the Policy liberally with regards to Proof of Loss and has been processing all claims for prescription fills as long as the claim is submitted within the same policy year.

Standard does not intend to make any changes to this claim process. However, Standard reserves the right to more closely follow this policy in the future as warranted.

WINDOW OF TIME TO SUBMIT CLAIMS

Secure Advantage Home Health Care Insurance

State	Notice of Claim (# of days)	Proof of Loss (# of days)
Alabama	20	90
Arkansas	20	90
Colorado	Not Available	
Florida	Not Available	
Georgia	20	90
Indiana	20	90
Kentucky	Not Available	
Louisiana	20	90
Mississippi	30	90
Missouri	20	90
Nevada	20	90
North Carolina	20	180
North Dakota	Not Available	
Ohio	60	90
Oklahoma	60	90
South Carolina	20	90
South Dakota	20	90
Tennessee	20	90
Texas	Not Available	
Utah	20	90

Question:	*Does Standard pay a prescription drug claim when the policyholder has a total out of pocket expense or a pharmacy copay with their current prescription plan copy that is less than $10 (including as low as $0)?*

Answer: The language in the Policy states the following on this topic:

> If, while this Policy is in force, an Insured/Covered Person incurs expenses for Prescription Drugs for the treatment of an Injury or Sickness, we will pay $10.00 per Generic Drug prescription, or $25.00 per Brand Name Drug prescription, limited to a maximum benefit of $[300.00/$600.00] per Policy Year. The maximum benefit shall apply to each Insured/Covered Person separately per Policy Year. The Pre-Existing Conditions Limitation does not apply to the Prescription Drug Benefit.

Even though the Policy clearly states that prescription drug expenses must be incurred in order to receive a benefit, Standard currently interprets the Policy liberally and has been paying all claims for prescription fills regardless of the copay as long as the policyholder completes the claim form correctly and includes a copy of the detailed prescription receipt outlining what was filled, the sales receipt, and their policy number.

Standard does not intend to make any changes to this claim process. However, changes may be made in the future to more closely follow this policy as warranted.

Restoration of Benefits

If a Covered Person has received the Home Health Care Benefit and has used up all or a portion of the Maximum Benefit Period but has recovered sufficiently to no longer require Home Health Care, the Covered Person's Maximum Benefit Period will be restored to its full original maximum each time the following conditions are met:

- Covered Person receives no services from an Approved Home Health Care Practitioner or Home Health Care Aide for a period of 180 consecutive days.
- Covered Person's physician must certify that the Covered Person has sufficiently recovered to no longer require any services of an Approved Home Health Care Practitioner or Home Health Care Aide and that the Covered Person was not advised to obtain such services.

There is no limit to the number of times the Covered Person's Maximum Benefit Period for the Home Health Care Benefit may be restored. If this occurs, both the Home Health Care Benefit and the Home Health Care Aide Benefit Maximum Benefit Periods are restored.

VI. UNDERWRITING

About the Underwriting Process

Applications will be reviewed and will only be processed if complete. The proposed insured must review the entire application, including the marked answers to each health question, before signing. Sometimes medical impairments, conditions, and activities listed in the application are known to the applicant by another name. If either you (agent) or the applicant are not sure of something or have any questions about medical impairments, conditions, and activities, get as much information as you can, and include it in additional comments added at the end of the application.

Insurable Interest

The owner must have an insurable interest in the life of the insured. One spouse has an insurable interest in the life of another. Adult children have an insurable interest in the lives of their parents. For relationships where the insurable interest is not clear, submit a detailed statement providing further details.

Upgrading from Classic to Deluxe

Applicants must decide at time of initial application submission if they want the Classic plan or the Deluxe plan and whether or not to add the Extra Benefits Rider. Once a policy has been issued, the policyholder is not able to upgrade their plan (e.g., add an Extra Benefits Rider and/or move from the Classic plan to the Deluxe plan). Upgrades of this type will only be allowed if the person has had no Home Health Care Insurance coverage with Standard for 12 or more months. After this period with no coverage, the applicant would then have to pass underwriting and request the upgraded plan option(s).

Policyholders with the Deluxe plan and/or the Extra Benefits Rider are only able to downgrade (e.g., drop the Extra Benefits Rider and/or move from the Deluxe to the Classic plan) on their policy anniversary date by submitting a written request to Standard.

Purchasing A Policy After A Prior Policy Has Lapsed Or Been Cancelled

Applicants who were prior policyholders that either cancelled their prior policy or allowed it to lapse are not able to purchase a new Home Health Care Insurance policy unless the person has had no Home Health Care Insurance coverage with Standard for 12 or more months. After this period with no coverage, the applicant would then have to submit a new application, request their desired plan option(s), and pass underwriting.

Reinstatement

A Home Health Care Insurance policy cannot be reinstated after it has lapsed. Once a policy has lapsed, the individual must go 12 or more months without coverage with Standard. After this period with no coverage, the applicant would then have to submit a new application, request their desired plan option(s), and pass underwriting.

Ineligible Persons

Ineligible persons include:

- Anyone currently living in a nursing home or assisted living facility.
- Anyone currently receiving home health care or similar-type benefits.
- Anyone physically unable to perform routine activities such as bathing, dressing, eating, toileting, or transferring to or from a bed or chair.
- Anyone who is incarcerated in a penal institution.
- Anyone currently in a psychiatric facility.

Additional Considerations

- A physical address must be provided on the application. If the applicant wants to be billed at a PO Box, indicate this address in the “Mailing Address” section of the application.
- Any corrections must be initialed/dated by the applicant/owner. Do not use white-out.

VII. DEFINITIONS

ACTIVITIES OF DAILY LIVING	Bathing (getting in and out of the bath tub or shower, utilizing normal bathroom facilities that have been equipped with railings and steps); dressing (tying shoes, buttoning buttons or clasps); eating (consuming food or drink, or utilizing utensils, appropriate for the person's physical condition and which are placed within reach); toileting (maintaining adequate bathroom hygiene and toilet habits); and transferring to or from bed or chair (getting from a bed to a chair or a chair to a bed).
APPROVED HOME HEALTH CARE PRACTITIONER	A licensed graduate nurse (RN), licensed practical nurse (LPN), licensed vocational nurse (LVN), licensed visiting nurse, physical therapist, speech pathologist, occupational therapist, chemotherapy specialist, enterostomal therapist, respiratory therapist or medical social worker. All such practitioners must be licensed or certified by the appropriate regulatory authority and may not be a member of a Covered Person's Immediate Family.
BRAND NAME DRUGS	A Prescription Drug for which a pharmaceutical company has received a patent or trade name, and is under patent protection.
COGNITIVE IMPAIRMENT	A deficiency in the ability to think, perceive, reason and/or remember, which results in the inability to take care of oneself without the ongoing assistance of another person. Cognitive Impairment is evaluated and measured through clinical evidence and standardized tests. Cognitive Impairment is indicated by measurable deficits in memory, orientation or reasoning, such as those caused by Alzheimer's disease or similar forms of senility or irreversible dementia.
COVERED PERSON	The Insured named on the Insured Schedule or Covered Spouse, if one is named on the Insured Schedule.
COVERED SPOUSE	The Insured's spouse for whom application is made and premium paid. A Covered Spouse must be approved by the Company and named on the Insured Schedule to be covered by this Policy.
GENERIC DRUGS	A Prescription Drug that has the same active ingredients as an equivalent Brand Name Drug, does not carry any drug manufacturer's brand name on the label, and is not protected by a patent. It must be listed as a generic drug by the United States national drug data bank.
HOME	The place where a Covered Person maintains independent residence. It does not mean a nursing facility, hospital or other institutional setting.
HOME HEALTH CARE	Professional nursing and therapy services which are provided by an Approved Home Health Care Practitioner in the policyholder's Home. Home Health Care does not include services provided by a Home Health Care Aide.
HOME HEALTH CARE AIDE	Any individual, other than a member of a Covered Person's Immediate Family, working under the supervision of a licensed graduate nurse who is qualified, by training and experience, to provide assistance with Activities of Daily Living and has been certified as a Home Health Care Aide by the appropriate regulatory authority.
HOME HEALTH CARE AIDE SERVICES	Assistance with Activities of Daily Living which is provided by a Home Health Care Aide in the policyholder's Home.

HOSPITAL	A legally constituted institution which operates pursuant to law having facilities for care and treatment of sick and injured persons on a resident or inpatient basis, including facilities for diagnosis and surgery under the supervision of a staff of one or more licensed physicians and which provides 24-hour nursing service by or under the supervision of registered nurses on duty. It does not mean convalescent, rehabilitation, nursing, rest, or extended care facilities, or facilities operated exclusively for treatment of the aged, or drug or alcohol abuse, whether such facilities are operated as a separate institution or as a section of an institution operated as a hospital. "Hospital" includes licensed ambulatory surgical center operating pursuant to law.
IMMEDIATE FAMILY	A Covered Person, his or her spouse and their respective parents, children, grandchildren and siblings.
INJURY	Accidental bodily injury resulting directly and independently of all other causes from an accident which occurs while the Covered Person whose injuries are the basis of a claim is covered under this Policy, and which causes loss while this Policy is in force. Injury shall be deemed to include all injuries resulting from any one accident.
INSURED	The Insured named on the Insured Schedule.
LICENSED VOCATIONAL NURSE	Also referred to as a Licensed Practical Nurse, is a health care provider who is responsible for rendering basic nursing care. A Licensed Vocational Nurse always works under the direction of a physician or registered nurse. This is a generally-accepted medical definition that does not appear in the policy.
LOSS	The event of a Covered Person's receipt of covered services for which a fixed indemnity benefit is payable under this Policy. Loss does not related to any economic Loss suffered by a Covered Person.
MEDICAL SOCIAL SERVICES	The identification, assessment, and management of social problems a Covered Person experiences related to the diagnosis and/or treatment of that Covered Person's Injury or Sickness, as performed by a qualified or duly licensed social worker. This is a generally-accepted medical definition that does not appear in the policy (definition does appear in the TN policy).
PHYSICIAN	Any person (other than a relative of a Covered Person) who is a legally qualified and licensed practitioner, practicing within the scope of his or her authority and license.
POLICY YEAR	Each successive 12-month period extending from the Effective Date of the Policy so that each successive 12-month period will constitute a single Policy Year.
PRE-EXISTING CONDITION	For most states, the term "Pre-Existing Condition" as used in this Policy means a condition: (a) for which medical advice or treatment was recommended by or received from a Physician within the six-month period prior to the Effective Date of this Policy; or (b) which has manifested itself to a Covered Person within the six-month period prior to the Effective Date of this Policy, whether the specific condition has been diagnosed or not, and causes loss within the six-month period following the Effective Date of this Policy. In the following states (AL, GA, & NC) the term "Pre-Existing Condition" as used in this Policy is applicable **only to a Covered Person who is age 65 or younger** on the Effective Date of this Policy. All other parts of the definition for "Pre-Existing Condition" apply.
PRESCRIPTION DRUGS	Drugs which: (a) require a prescription written by a Physician; and (b) are dispensed by a licensed pharmacist. Coverage only applies to prescriptions filled and used in an outpatient setting. Inpatient prescriptions are not covered. Please note that drugs filled with a written prescription that can also be purchased over the counter to substitute for a higher dosage written in the prescription are not eligible (e.g., An 800mg tablet of ibuprofen requires a written prescription; however 200mg ibuprofen tablets can be purchased over the counter and four 200mg tablets can replace one prescription tablet). Additionally, compound prescriptions comprised solely of drugs that can be purchased over the counter are not eligible.

SICKNESS	Sickness or disease sustained by a Covered Person which first manifests itself after the Effective Date of this Policy, and which causes loss while this Policy is in force. "Sickness" shall also be deemed to include all sicknesses or diseases suffered concurrently.

***Please note**: Some definitions vary due to state regulations. See the Policy and/or Outline of Coverage for the specific definition in each state.*

VIII. COMPENSATION

Commission will be paid on Savers Advantage Home Health Care Insurance pursuant to your commission agreement with Standard unless you are contracted through your upline as a Licensed Only Agent (LOA). Agents with any further questions should contact their direct upline for questions regarding commissions or additional copies of your commission schedule.

Advances

Standard does not pay advance commissions in the following scenarios:

- Bank drafts from savings accounts
- Bank drafts from checking accounts that have just been opened for the purpose of buying insurance.
- Policy rewrites
- Premium payments via money order or a cashier's check
- Premium payments by third party payors
- The policy of any agent or an agent's family or relatives

IX. CONTACTING STANDARD

Standard Agent Support Contact Information

Phone Number: 1-800-327-0695 **or** 801-538-0376

Fax: 1-866-754-9350 **or** 801-538-0392

E-mail: AgentSupport@slacins.com

Standard Website: www.slacins.com

Agent Portal: https://sl-agentlink.com/

X. FORMS, APPLICATIONS, AND MARKETING MATERIALS

Forms and Applications

Application Fax Cover Sheet Checklist	Form to be completed and used with every Home Health Care Insurance policy application submitted via facsimile.
Application for Home Health Care Indemnity Insurance	Completion instructions for the application included in this Agent Guide.
Authorization To Fax Check	Form to be used if submitting an application via fax or electronic document submission, you (the agent) have collected a premium check, and the client desires to utilize a one-time electronic funds transfer to pay their initial premium. Completion instructions for the form included in this Agent Guide.
A Shopper's Guide to Long-Term Care Insurance	Guide to be provided upon request to the applicant. Copy provided can be electronic or paper.
Choosing A Medigap Policy: A Guide to Health Insurance for People with Medicare	Guide to be provided upon request to the applicant. Copy provided can be electronic or paper.
HHC – Extra Benefits Rider Claim	The code in the bottom left hand corner is *SLAC-HHC-2015-EXTRA BENEFITS RIDER CLAIM FORM*. Used by a policyholder to make a claim against the policy for annual physical examination, home medical equipment, and/or accidental death & dismemberment benefits.
HHC – Rx Claim	Often referred to as the "Prescription Drug Claim Form". The code in the bottom left hand corner is *SLAC-HHC-2015-Rx CLAIM FORM*. Used by a policyholder to make a claim against the policy for prescription drug benefits.
HHC – Standard Home Health Care Benefits Claim	Often referred to as the "Home Health Care Claim Form". The code in the bottom left hand corner is *SLAC-HHC-2015-STANDARD HHC BENEFITS CLAIM FORM*. Used by a policyholder to make a claim against the policy for standard home health care and home health care aide benefits.
Important Notice to Persons on Medicare	Often referred to as a "Replacement Notice". Required when replacing any current health insurance coverage with a Home Health Care Insurance policy (Application question #2). Also required when applicant is Medicare-eligible.
Medicare & You	Guide to be provided upon request to the applicant. Copy provided can be electronic or paper.
Outline of Coverage	To be left with the applicant.
Physician's Home Health Certification	Often referred to as the "Physician Certification Claim Form". The code in the bottom left hand corner is *SLAC-HHC-2015-PHYSICIAN CERTIFICATION CLAIM FORM*. Used by a physician to certify that a policyholder can no longer complete Activities of Daily Living and is eligible for Home Health Care and/or Home Health Care Aide services.

Required Forms

State	Application	Important Notice to Persons on Medicare	Outline of Coverage[1]	Choosing A Medigap Policy[2]
AL	HHC-2015-APP-AL	HHC-2015-MED-SUPP-NOTICE	HHC-2015-OOC-AL	Yes
AR	HHC-2015-APP	HHC-2015-MED-SUPP-NOTICE	HHC-2015-OOC-AR	Yes
CO				
FL				
GA	HHC-2015-APP-GA	HHC-2015-MED-SUPP-NOTICE	HHC-2015-OOC-GA	Yes
IN	HHC-2015-APP	HHC-2015-MED-SUPP-NOTICE	HHC-2015-OOC-IN	Yes
KY				
LA	HHC-2015-APP-LA	HHC-2015-MED-SUPP-NOTICE	HHC-2015-OOC-LA	Yes
MS	HHC-2015-APP	HHC-2015-MED-SUPP-NOTICE	HHC-2015-OOC-MS	Yes
MO	HHC-2015-APP-MO(6-15)	HHC-2015-MED-SUPP-NOTICE	HHC-2015-OOC-MO(6-15)	Yes
NV	HHC-2015-APP	HHC-2015-MED-SUPP-NOTICE	HHC-2015-OOC-NV	Yes
NC	HHC-2015-APP	HHC-2015-MED-SUPP-NOTICE	HHC-2015-OOC-NC	Yes
ND				
OH	HHC-2015-APP-OH	HHC-2015-MED-SUPP-NOTICE	HHC-2015-OOC-OH	Yes
OK	HHC-2015-APP	HHC-2015-MED-SUPP-NOTICE	HHC-2015-OOC-OK	Yes
SC	HHC-2015-APP	HHC-2015-MED-SUPP-NOTICE	HHC-2015-OOC-SC	Yes
SD	HHC-2015-APP	HHC-2015-MED-SUPP-NOTICE	HHC-2015-OOC-SD	Yes
TN	HHC-2015-APP-TN	HHC-2015-MED-SUPP-NOTICE	HHC-2015-OOC-TN	Yes
TX				
UT	HHC-2015-APP-UT	HHC-2015-MED-SUPP-NOTICE	HHC-2015-OOC-UT	Yes

[1] Document should be left with the applicant.
[2] Document should be left with all Medicare-eligible applicants & those that answer "Yes" to question #2 on the application.

Marketing Materials and Forms Usage

Savers Advantage availability and forms vary by state. An agent should not assume that plans available in one state are also available in another state. An agent should also note that enrollment forms are state-specific. If there are any questions on plan availability or forms by state, refer to this Agent Guide or contact Agent Support at 1-800-327-0695.

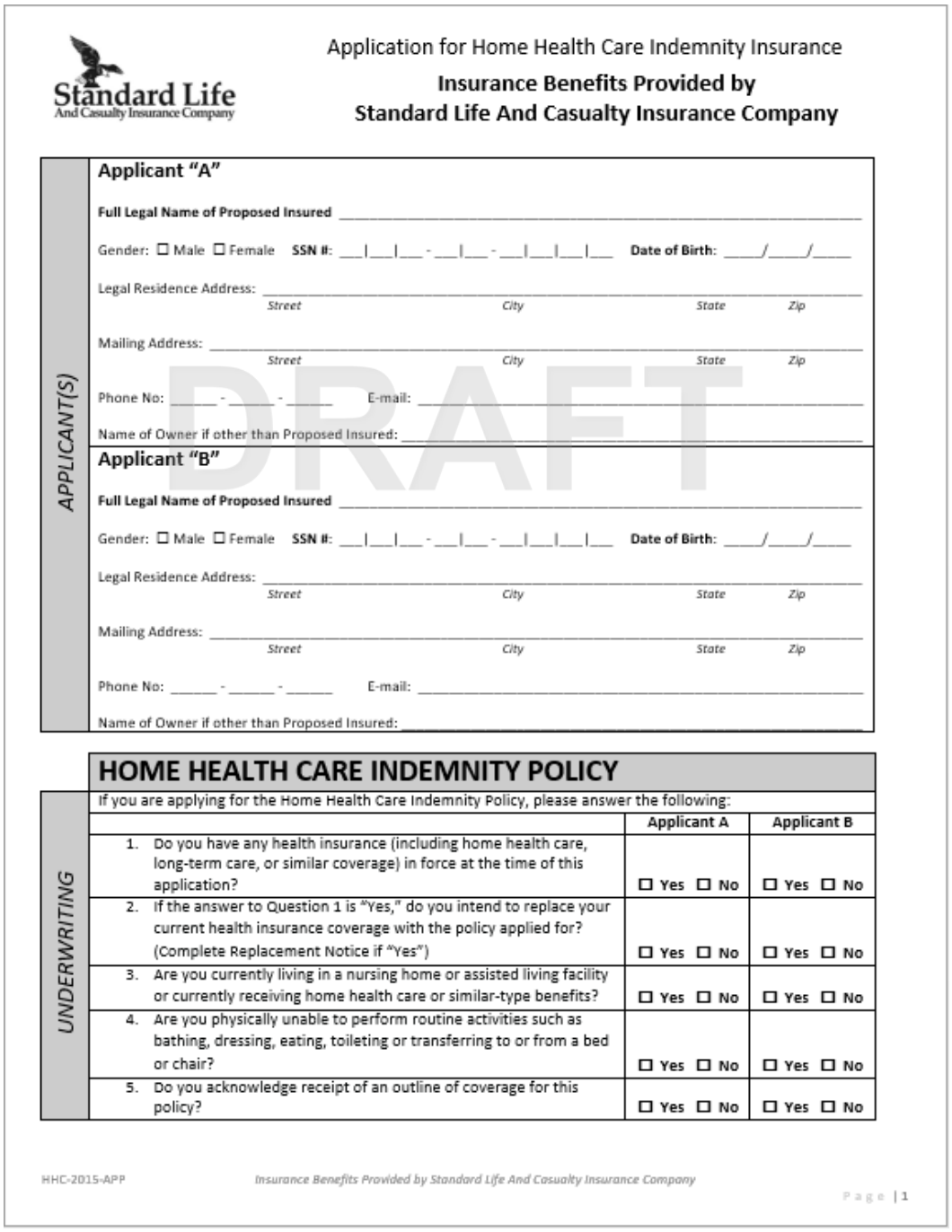
Obtaining Marketing Materials and Forms

Approved materials and forms are often posted to the agent portal for download. To order paper copies of materials and forms, please contact your upline or Agent Support at 1-800-327-0695.

Creation and Alteration of Advertising/Marketing Pieces

Advertising and marketing materials must often be approved by each state Department of Insurance prior to use by agents. Agents are not allowed to create their own marketing materials or modify approved Standard marketing materials. This includes, but is not limited to, letters, business cards, announcements, flyers, posters, newspaper ads, etc. An agent must disclose any information relating to unauthorized use of marketing materials to Standard.

Application and Form Completion Instructions



Standard Life And Casualty Insurance Company

Application for Home Health Care Indemnity Insurance

Insurance Benefits Provided by Standard Life And Casualty Insurance Company

APPLICANT(S)

Applicant "A"

Full Legal Name of Proposed Insured _____

Gender: ☐ Male ☐ Female **SSN #:** ___|___|___ - ___|___ - ___|___|___|___ **Date of Birth:** ____/____/____

Legal Residence Address: _____
Street *City* *State* *Zip*

Mailing Address: _____
Street *City* *State* *Zip*

Phone No: _____ - _____ - _____ E-mail: _____

Name of Owner if other than Proposed Insured: _____

Applicant "B"

Full Legal Name of Proposed Insured _____

Gender: ☐ Male ☐ Female **SSN #:** ___|___|___ - ___|___ - ___|___|___|___ **Date of Birth:** ____/____/____

Legal Residence Address: _____
Street *City* *State* *Zip*

Mailing Address: _____
Street *City* *State* *Zip*

Phone No: _____ - _____ - _____ E-mail: _____

Name of Owner if other than Proposed Insured: _____

DRAFT

HOME HEALTH CARE INDEMNITY POLICY

UNDERWRITING

If you are applying for the Home Health Care Indemnity Policy, please answer the following:

	Applicant A	Applicant B
1. Do you have any health insurance (including home health care, long-term care, or similar coverage) in force at the time of this application?	☐ Yes ☐ No	☐ Yes ☐ No
2. If the answer to Question 1 is "Yes," do you intend to replace your current health insurance coverage with the policy applied for? (Complete Replacement Notice if "Yes")	☐ Yes ☐ No	☐ Yes ☐ No
3. Are you currently living in a nursing home or assisted living facility or currently receiving home health care or similar-type benefits?	☐ Yes ☐ No	☐ Yes ☐ No
4. Are you physically unable to perform routine activities such as bathing, dressing, eating, toileting or transferring to or from a bed or chair?	☐ Yes ☐ No	☐ Yes ☐ No
5. Do you acknowledge receipt of an outline of coverage for this policy?	☐ Yes ☐ No	☐ Yes ☐ No

HHC-2015-APP *Insurance Benefits Provided by Standard Life And Casualty Insurance Company*

Page | 1

Page 1

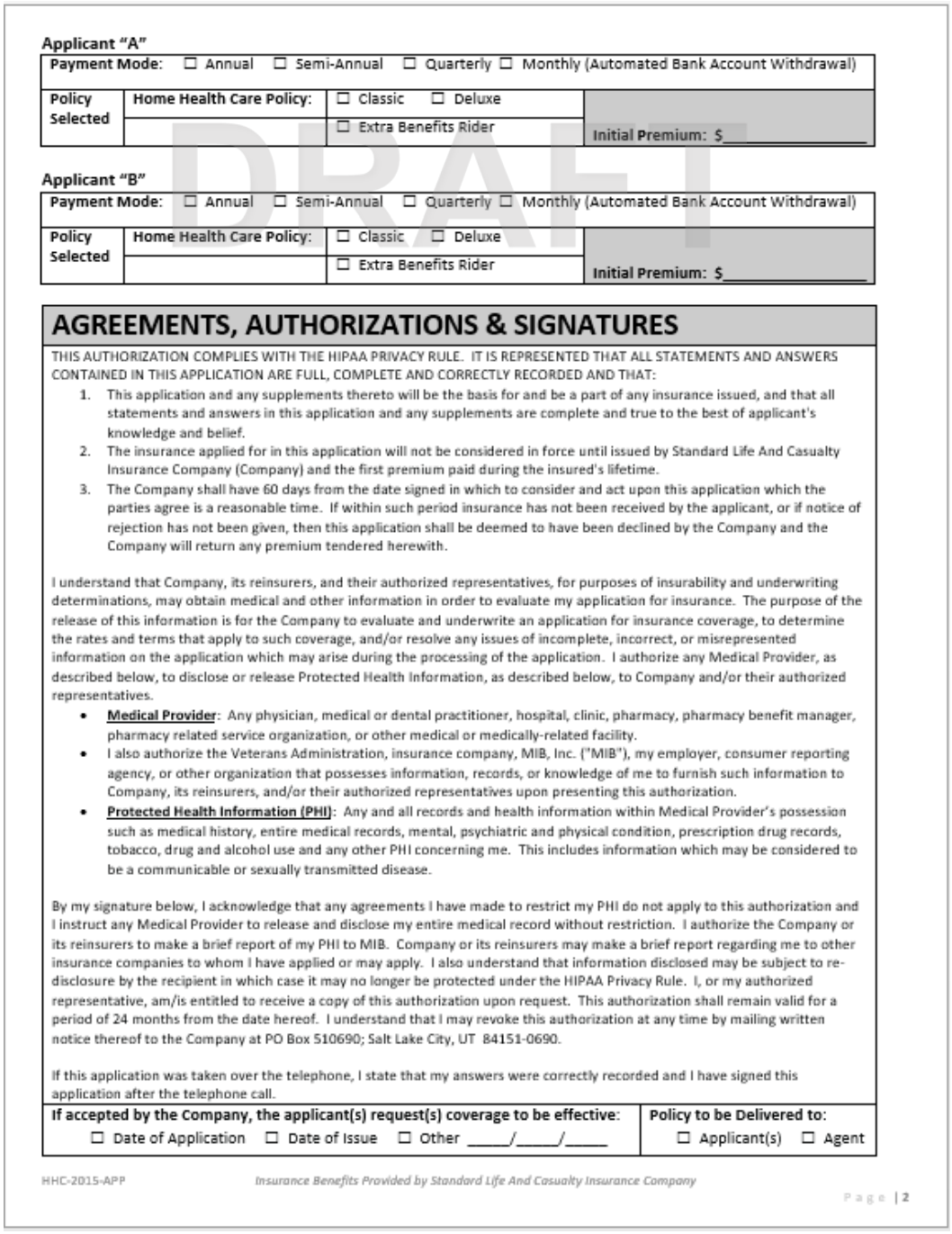
APPLICANT(S)

- Application can be used for 1 or 2 applicants.
- Fill out all information fully and correctly.
- Applicant's resident state must match the materials being used.
- "Mailing Address" is optional. It should only be used if the applicant wants to receive info somewhere other than their resident address.
- E-mail address is preferred but optional.

UNDERWRITING

- Answer all 5 questions for each applicant.
- If Question 3 or Question 4 is answered "Yes", the application will be declined.

Please note: Many states (including but not limited to: AL, GA, LA, MO, OH, TN, and UT) have their own unique application for Savers Advantage Home Health Care Insurance. Please make sure you are completing the correct state application based on the resident state of your client.



Applicant "A"

Payment Mode: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly (Automated Bank Account Withdrawal)			
Policy Selected	Home Health Care Policy:	☐ Classic ☐ Deluxe ☐ Extra Benefits Rider	Initial Premium: $_____

Applicant "B"

Payment Mode: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly (Automated Bank Account Withdrawal)			
Policy Selected	Home Health Care Policy:	☐ Classic ☐ Deluxe ☐ Extra Benefits Rider	Initial Premium: $_____

DRAFT

AGREEMENTS, AUTHORIZATIONS & SIGNATURES

THIS AUTHORIZATION COMPLIES WITH THE HIPAA PRIVACY RULE. IT IS REPRESENTED THAT ALL STATEMENTS AND ANSWERS CONTAINED IN THIS APPLICATION ARE FULL, COMPLETE AND CORRECTLY RECORDED AND THAT:

1. This application and any supplements thereto will be the basis for and be a part of any insurance issued, and that all statements and answers in this application and any supplements are complete and true to the best of applicant's knowledge and belief.
2. The insurance applied for in this application will not be considered in force until issued by Standard Life And Casualty Insurance Company (Company) and the first premium paid during the insured's lifetime.
3. The Company shall have 60 days from the date signed in which to consider and act upon this application which the parties agree is a reasonable time. If within such period insurance has not been received by the applicant, or if notice of rejection has not been given, then this application shall be deemed to have been declined by the Company and the Company will return any premium tendered herewith.

I understand that Company, its reinsurers, and their authorized representatives, for purposes of insurability and underwriting determinations, may obtain medical and other information in order to evaluate my application for insurance. The purpose of the release of this information is for the Company to evaluate and underwrite an application for insurance coverage, to determine the rates and terms that apply to such coverage, and/or resolve any issues of incomplete, incorrect, or misrepresented information on the application which may arise during the processing of the application. I authorize any Medical Provider, as described below, to disclose or release Protected Health Information, as described below, to Company and/or their authorized representatives.

- **Medical Provider**: Any physician, medical or dental practitioner, hospital, clinic, pharmacy, pharmacy benefit manager, pharmacy related service organization, or other medical or medically-related facility.
- I also authorize the Veterans Administration, insurance company, MIB, Inc. ("MIB"), my employer, consumer reporting agency, or other organization that possesses information, records, or knowledge of me to furnish such information to Company, its reinsurers, and/or their authorized representatives upon presenting this authorization.
- **Protected Health Information (PHI)**: Any and all records and health information within Medical Provider's possession such as medical history, entire medical records, mental, psychiatric and physical condition, prescription drug records, tobacco, drug and alcohol use and any other PHI concerning me. This includes information which may be considered to be a communicable or sexually transmitted disease.

By my signature below, I acknowledge that any agreements I have made to restrict my PHI do not apply to this authorization and I instruct any Medical Provider to release and disclose my entire medical record without restriction. I authorize the Company or its reinsurers to make a brief report of my PHI to MIB. Company or its reinsurers may make a brief report regarding me to other insurance companies to whom I have applied or may apply. I also understand that information disclosed may be subject to re-disclosure by the recipient in which case it may no longer be protected under the HIPAA Privacy Rule. I, or my authorized representative, am/is entitled to receive a copy of this authorization upon request. This authorization shall remain valid for a period of 24 months from the date hereof. I understand that I may revoke this authorization at any time by mailing written notice thereof to the Company at PO Box 510690; Salt Lake City, UT 84151-0690.

If this application was taken over the telephone, I state that my answers were correctly recorded and I have signed this application after the telephone call.

If accepted by the Company, the applicant(s) request(s) coverage to be effective:	Policy to be Delivered to:
☐ Date of Application ☐ Date of Issue ☐ Other ____/____/____	☐ Applicant(s) ☐ Agent

HHC-2015-APP *Insurance Benefits Provided by Standard Life And Casualty Insurance Company*

Page | 2

Page 2

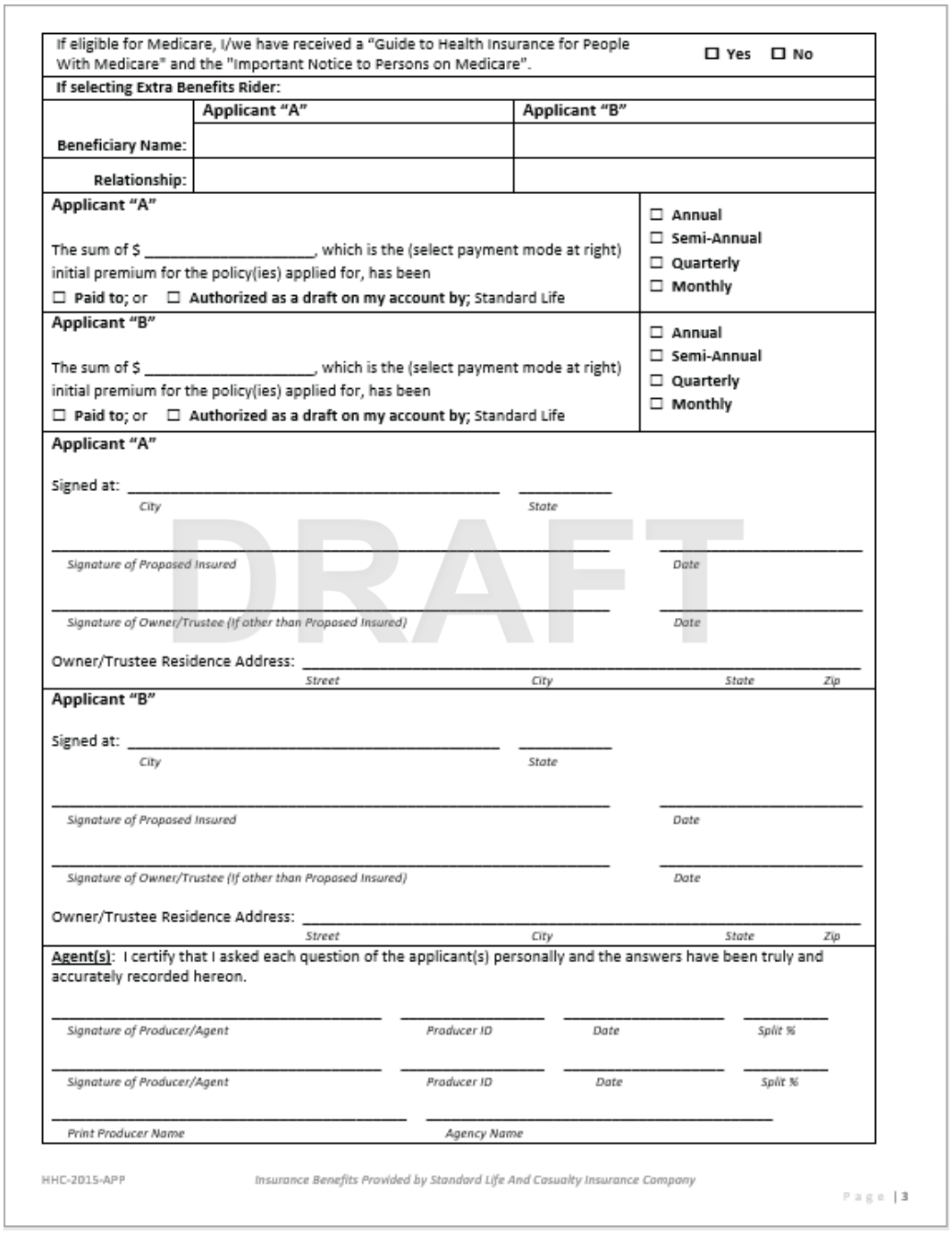
Applicant(s)

- Select payment mode for each applicant.
- Select policy choice of "Classic" or "Deluxe"
- Select "Extra Benefits Rider" if desired.
- Use Rate Chart and conversion factors to calculate initial premium based on mode selected.

Agreements, Authorizations & Signatures

- Read and review everything carefully in this section.
- Select and complete desired effective date info.
- Do not select "Date of Application" with a monthly payment mode.
- Select how policy should be delivered[3].

[3] If the policy is mailed to the applicant/owner, a deliver confirmation letter is sent to the agent the same day. If the policy is mailed to the agent for delivery, a notification is sent to the applicant/owner that they should expect to have the policy delivered by their agent within 10 days.



If eligible for Medicare, I/we have received a "Guide to Health Insurance for People With Medicare" and the "Important Notice to Persons on Medicare". ☐ Yes ☐ No

If selecting Extra Benefits Rider:

	Applicant "A"	Applicant "B"
Beneficiary Name:		
Relationship:		

Applicant "A"

The sum of $ _____, which is the (select payment mode at right) initial premium for the policy(ies) applied for, has been

☐ **Paid to;** or ☐ **Authorized as a draft on my account by;** Standard Life

☐ **Annual**
☐ **Semi-Annual**
☐ **Quarterly**
☐ **Monthly**

Applicant "B"

The sum of $ _____, which is the (select payment mode at right) initial premium for the policy(ies) applied for, has been

☐ **Paid to;** or ☐ **Authorized as a draft on my account by;** Standard Life

☐ **Annual**
☐ **Semi-Annual**
☐ **Quarterly**
☐ **Monthly**

Applicant "A"

Signed at: _____ _____
City *State*

_____ _____
Signature of Proposed Insured *Date*

_____ _____
Signature of Owner/Trustee (If other than Proposed Insured) *Date*

Owner/Trustee Residence Address: _____
Street *City* *State* *Zip*

Applicant "B"

Signed at: _____ _____
City *State*

_____ _____
Signature of Proposed Insured *Date*

_____ _____
Signature of Owner/Trustee (If other than Proposed Insured) *Date*

Owner/Trustee Residence Address: _____
Street *City* *State* *Zip*

Agent(s): I certify that I asked each question of the applicant(s) personally and the answers have been truly and accurately recorded hereon.

_____ _____ _____ _____
Signature of Producer/Agent *Producer ID* *Date* *Split %*

_____ _____ _____ _____
Signature of Producer/Agent *Producer ID* *Date* *Split %*

_____ _____
Print Producer Name *Agency Name*

HHC-2015-APP *Insurance Benefits Provided by Standard Life And Casualty Insurance Company*

Page | 3

Page 3

Medicare-eligible

- Answer this question if applicant is eligible for Medicare.

Extra Benefits Rider

- Provide Beneficiary Name and Relationship to applicant if rider is selected.

Applicant Premium

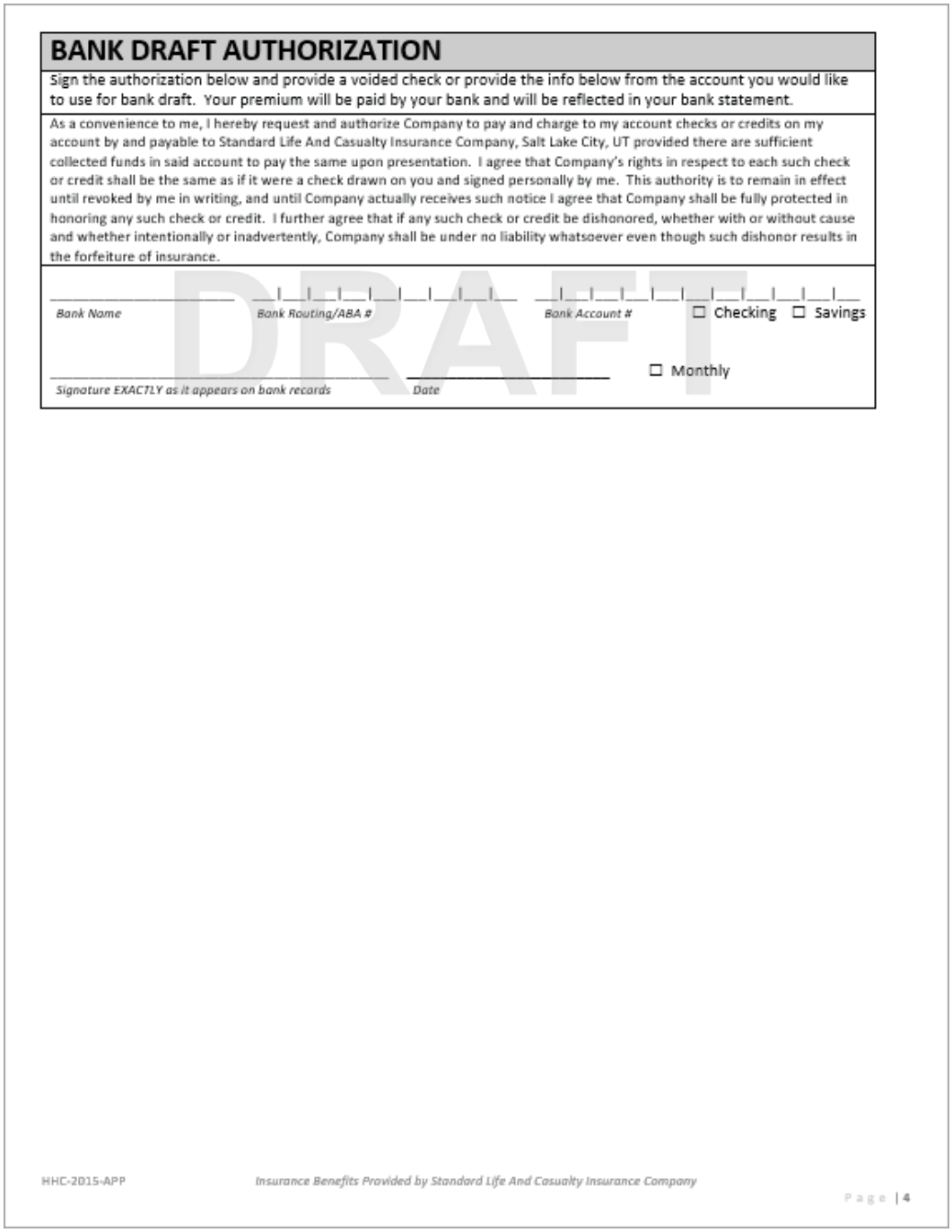
- Use Rate Chart and conversion factors to calculate initial premium based on mode selected.
- Amount in this section must match the amount listed at the top of Page 2.

Applicant Signature(s)

- Fill out all information fully and correctly. Sign and date as appropriate.
- If someone other than the applicant signs, Power of Attorney paperwork must be provided.

Agent Signature(s)

- Fill out all information fully and correctly. Sign and date as appropriate.



BANK DRAFT AUTHORIZATION

Sign the authorization below and provide a voided check or provide the info below from the account you would like to use for bank draft. Your premium will be paid by your bank and will be reflected in your bank statement.

As a convenience to me, I hereby request and authorize Company to pay and charge to my account checks or credits on my account by and payable to Standard Life And Casualty Insurance Company, Salt Lake City, UT provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that Company's rights in respect to each such check or credit shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until Company actually receives such notice I agree that Company shall be fully protected in honoring any such check or credit. I further agree that if any such check or credit be dishonored, whether with or without cause and whether intentionally or inadvertently, Company shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

_____ ___|___|___|___|___|___|___|___|___ ___|___|___|___|___|___|___|___|___|___|___ ☐ Checking ☐ Savings

Bank Name *Bank Routing/ABA #* *Bank Account #*

☐ Monthly

_____ _____

Signature EXACTLY as it appears on bank records *Date*

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HHC-2015-APP *Insurance Benefits Provided by Standard Life And Casualty Insurance Company*

Page | 4

Page 4

Bank Draft Authorization

- Fill out all information fully and correctly. Sign and date as appropriate.
- The Bank Routing/ABA # is always 9 digits long.
- If two applicants apply and one bank draft form is completed, this bank account will be used for both policyholders.
- If two applicants apply and they desire premium to be paid from two separate accounts, please make a copy of the Bank Draft Authorization form and complete for each applicant.

Standard Life And Casualty Insurance Company

Home Office
PO Box 510690
Salt Lake City, UT 84151-0690
Phone: (800) 327-0695
www.slacins.com

Savers Advantage Home Health Care Application Fax Cover Sheet Checklist

Total Pages:

FAX TO*: (866) 754-9350 or (801) 538-0392

Full Legal Name of Proposed Insured: _____

Before faxing an application, complete the following checklist to ensure prompt processing and service. Please use a separate fax cover sheet for each application.

Fax the following:

- ☐ Properly signed and completed application.
- ☐ Properly signed and completed *Important Notice to Persons on Medicare*, if applicable.
- ☐ Any additional forms required.

If applicant has provided a check for first premium (Quarterly, Semi-Annual, or Annual):

- ☐ Follow instructions above for faxing in application. Then, either:
  - ◊ Mail the check along with a copy of the first page of the application to; or
  - ◊ Fax a copy of the filled out check, the Authorization To Fax Check form, and all completed application materials to:

Regular USPS Mail:	Overnight Courier Delivery:
Standard Life And Casualty Insurance Company PO Box 510690 Salt Lake City, UT 84151-0690	Standard Life And Casualty Insurance Company 420 East South Temple St. Suite 555 Salt Lake City, UT 84111

Agent Information:

Name	
Producer ID	
E-mail Address	
Phone Number	

* Only use this ***Application Fax Cover Sheet Checklist*** for Standard Life And Casualty Savers Advantage Home Health Care Insurance applications.

Standard Life And Casualty Insurance Company

Home Office
PO Box 510690
Salt Lake City, UT 84151-0690
Phone: (800) 327-0695
www.slacins.com

AUTHORIZATION TO FAX CHECK

Fax (with application) to: (866) 754-9350 or (801) 538-0392

Please include copy of filled out check with this fax.

Full Legal Name of Proposed Insured: _____

Your agent will submit your application for insurance and your initial premium payment to Standard Life And Casualty Insurance Company (Standard) via facsimile.

By signing this form you authorize Standard to initiate an electronic funds transfer from your bank account according to the terms of the check. This means that your check will be converted to an electronic transaction. Your agent will retain your original check in his/her files. Please note that your checking account may be debited the same day your agent faxes your check to us.

The below hereby authorizes Standard to draw an electronic fund transfer from my checking account for payment of new insurance policy.

_____ _____

Signature EXACTLY as it appears on bank records *Date*

_____

Printed name of authorized signatory on account

P.O. Box 510690 ● Salt Lake City, UT 84151-0690 ● 800-327-0695

HOME HEALTH CARE INSURANCE