

Please Print in Black Ink

APPLICATION FOR SHORT TERM MEDICAL INSURANCE GOLDEN RULE INSURANCE COMPANY -- LAWRENCEVILLE, ILLINOIS 62439

PROPOSED INSURED

First Middle Initial Last

Birth Date

Age

Male Female Sex

RESIDENT ADDRESS

Street City State ZIP Telephone No.

1. Are any of your dependents to be covered under the policy/certificate? Yes No If Yes, give details below.

Table with 3 columns: Dependent's Name (Last, First, M.I.), Relationship to You, Date of Birth*

*If born within 30 days prior to the effective date of coverage, the person will not be covered under the policy/certificate.

- 2. Are you or is any family member... an expectant mother or father?
3. Have you or anyone named above been declined for insurance due to health reasons?
4. Have you or any person named in Question 1 lived in the 50 states of the USA... for less than the past 12 months?
5. Do you or any person named in Question 1 now have hospital or medical expense insurance that will not terminate prior to the requested effective date?
6. Within the last 5 years, have you or anyone listed on the application received medical or surgical consultation, advice, or treatment...

PLAN: Short Term Medical Copay Short Term Medical Plus Short Term Medical Value

DEDUCTIBLE: \$ 250 \$ 500 \$ 1,000 \$ 1,500 \$ 2,500 \$ 5,000 \$ 10,000 (not available with Short Term Medical Value)

MONTHS OF COVERAGE: 1 2 3 4 5 6

OPTIONAL BENEFITS: Supplemental Accident Benefit: \$500 \$ 1,000 \$2,500 \$5,000 \$10,000 (Short Term Medical Copay only)

REQUESTED EFFECTIVE DATE: / /

STATEMENT OF UNDERSTANDING

I have read this application and represent that the information shown on it is true and complete. I understand that: (a) no insurance will become effective unless my application is approved and the appropriate premium is actually received by Golden Rule at its Lawrenceville or Indianapolis Office with this application; (b) no benefits will be paid for a health condition that exists prior to the date insurance takes effect; and (c) if coverage is issued, the coverage will not be a continuation of any prior coverage.

Signature lines for Proposed Insured's Signature, State where you signed this application, Date you signed and read application, Licensed Agent or Broker, Individual Producer #

No application will be accepted if received by Golden Rule more than 15 days after the date signed.

ALTERED APPLICATIONS WILL NOT BE ACCEPTED.

Important Note: "Postmark date" means the date of the postmark as affixed by the U.S. Postal Service.



To Continue Your Application for Coverage, You Must Become A Member Of FACT

Read and fill out the following FACT Membership Enrollment Form.

FACT MEMBERSHIP ENROLLMENT FORM

I hereby enroll for Basic \$4 Choice \$20 Elite \$40 membership in the FEDERATION OF AMERICAN CONSUMERS AND TRAVELERS (FACT). Upon completion of this enrollment form and payment of initial dues, I understand that: (a) I will be entitled to FACT's benefits; (b) these benefits may change from time to time; (c) some benefits may have a delayed effective date; (d) my membership will become effective on the day this enrollment form is dated and signed; (e) I am eligible to apply for association group insurance; and (f) I authorize the release of my name, address, date of birth, certificate and phone numbers, application date, membership level, and email address listed on the Golden Rule Application for Short Term Medical Insurance to FACT. Note: Accident Insurance is included in your FACT membership and you will have an opportunity to name your beneficiary(ies) by mail or on the FACT website.

X _____
Member's Signature Date

Email Address: _____

FACT ENFO STM 1110

If you wish to apply for association group health insurance, please complete the application.

PAYOR INFORMATION (If other than Proposed Insured)

Payor: _____
Name Email Address

Street City State ZIP

PAYMENT OPTIONS: SINGLE OR MONTHLY

Initial Payment With Application:

Single Payment (one single payment for all months chosen/lump sum):

Check or money order \$ Amount _____ (Total Single Payment on reverse. Includes \$20 nonrefundable application fee.)
For this method of payment, you must make check or money order payable to FACT. (EFT available with online application)

Credit card \$ Amount _____ (Total Single Payment on reverse. Includes \$20 nonrefundable application fee.)
For this method of payment, you must complete the Credit Card Authorization below.

Credit Card Authorization Visa MasterCard

I authorize FACT or Golden Rule Insurance Company to bill my Visa/MasterCard account for the total payment.

Account No. / / Expiration Date X _____
Signature of Authorized User

NOTE: Some card issuers/financial institutions charge cash advance fees on insurance payments.

OR

Monthly Payment:

Initial Payment Check or money order EFT (online application only)

\$ Amount _____ (Total Initial Payment on reverse. First month amount (shown) includes a one-time \$20 nonrefundable application fee.)

Ongoing Payments (Choose one)

Direct Bill (\$10 monthly billing fee)

Additional monthly Direct Bill payments will not include the \$20 application fee, however they will include a \$10 monthly billing fee.

Electronic Funds Transfer (EFT) (no billing fee)

Additional monthly EFT payments will not include the \$20 application fee. For this method of payment, you must complete the EFT Authorization below.

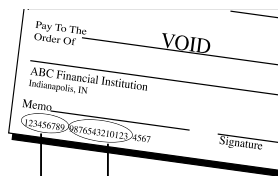
ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION — ONLY IF PAYING BY EFT

I (we) hereby authorize FACT or Golden Rule to initiate debit entries to the account indicated below. I also authorize the named financial institution to debit the same to such account. I agree this authorization will remain in effect until you actually receive written notification of its termination from me.

Type of Account: Checking Savings

Nine-digit Routing No. _____

Account No. _____



Financial Institution's Name _____

Address _____

City, State, ZIP _____

Draft On _____

Day

Date Signed

X _____

Authorized Account Signature

Email Address _____

In Tennessee and Texas, drafts may only be scheduled on 1) the premium due date; or 2) up to 10 days after the due date.