

# HOSPITAL INCOME AND SHORT TERM RECOVERY INSURANCE PLAN CONFIRMATION FORM

For Members of the AAPSS  
GUARANTEED ACCEPTANCE<sup>1</sup>

AGP-5476  
SEND NO MONEY NOW!

**TO ENROLL:**  
Send this completed form to:  
**ADMINISTRATOR**  
**AAPSS GROUP INSURANCE PROGRAM**  
P.O. Box 10374  
Des Moines, IA 50306-8812



**THE HARTFORD**  
**Underwritten by:**  
Hartford Life and Accident Insurance Company  
Hartford, CT 06155

**QUESTIONS?**  
**Call: 1-800-424-9883**  
customerservice.service@mercer.com

PLEASE PRINT IN INK OR TYPE. DO NOT USE CORRECTION FLUID OR GEL PENS. INITIAL AND DATE ANY CHANGES.

## AUTHORIZED FOR:

Name: \_\_\_\_\_  
Last First MI

Add 1: \_\_\_\_\_

Add 2: \_\_\_\_\_

City, St., Zip: \_\_\_\_\_

## 1. Please select who will be covered:

Member  Member's Spouse

Note: Member must sign up in order for spouse to be covered.

## 2. Please complete:

Member #: \_\_\_\_\_ Member's Spouse (if enrolling): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  M  F Date of Birth: \_\_\_\_\_ Sex:  M  F

Phone Numbers: Work: (\_\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_

## 3. Please sign and date:

I hereby confirm enrollment in the AAPSS-endorsed Hospital Income and Short Term Recovery Insurance Plan. Please process my Confirmation Form and send me a Certificate of Insurance for protection under this guaranteed acceptance<sup>1</sup> plan immediately.

I understand I must be an AAPSS member to be eligible for coverage. I attest that I am age 65 or older and have Medicare or TRICARE. I understand that this plan will not cover Pre-Existing Conditions (conditions for which medical advice or treatment was rendered or recommended by a physician for those being enrolled within 6 months of this new coverage) unless 6 months have passed from the effective date of this new coverage or until I have gone treatment-free for the condition for 6 consecutive months, whichever is earlier. I understand that the above coverage will become effective on the first day of the month following receipt of my Confirmation Form and first premium payment.

**MEMBER'S SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.**

**MEDICARE AND TRICARE MEET THE MINIMUM ESSENTIAL COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT.**

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies of Hartford Life and Accident Insurance Company.

<sup>1</sup>This policy is guaranteed acceptance, but it does contain a Pre-Existing Condition Limitation. Please refer to the enclosed brochure for more information on exclusions and limitations, such as Pre-Existing Conditions.

Hospital Indemnity Form Series includes SRP-1151, or state equivalent.

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**AUTOMATIC CHECK WITHDRAWAL REQUEST:** By selecting Automatic Check Withdrawal, your premium will automatically be withdrawn from your checking account. Please provide the information requested below.

**Checking Account**

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

I request that you pay and charge my account debits drawn from my account by the Plan Administrator to its order. This authorization will stay in effect until I revoke it in writing. Until you receive such notice, I agree that you shall be fully protected in honoring any such debits. I also agree that you may, at any time, end this agreement by giving 30 days advanced written notice to me and to the Plan Administrator. You are to treat such debit as if it were signed by me. If you dishonor such debit with or without cause, I will not hold you liable even if it results in loss of my insurance.

**Signature of Premium Payer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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# Hospital Income and Short Term Recovery Insurance Plan



## Facts About the AAPSS SHORT TERM RECOVERY INSURANCE PLAN

### All about your valuable member benefit

As you probably know, Medicare is generous in what it pays for. But, it was never designed to cover everything. Home recovery care, including home nursing service, physical and occupation therapy, speech therapy, companion care, home health care, and homemaker services, may not be fully covered by Medicare. That's why AAPSS endorsed this benefit for you.

### How your Recovery Plan works

The AAPSS Short Term Recovery Plan (Recovery Plan) has two parts — a Hospital Income/Skilled Nursing Facility Benefit and a separate Home Recovery Care Benefit.

### Cash benefits for Hospital Stays

With the Recovery Plan Hospital benefit, you'd collect \$750 once you're admitted to a Hospital or Skilled Nursing Facility for at least one day due to a covered sickness or injury - regardless of whether you need home recovery care later.

And, if you find you need longer care, you'd collect an additional \$500.00 after 14 days staying in a Hospital or Skilled Nursing Facility. Another \$200.00 after 30 days in the Hospital! That's up to \$1,450.00 in cash benefits you could get paid to use toward your recovery care. Benefits are paid directly to you or to anyone you designate.

### Cash benefits for Home Recovery

The AAPSS Home Recovery Care Benefit pays you \$200.00 in cash benefits for each day (from the very first day) you incur a covered home recovery care expense. Benefits are paid up to 40 days per year (maximum 20 days per occurrence). That's up to \$8,000.00\* in lump sum cash benefits paid directly to you — or you may assign benefits to be paid directly to the Hospital or any other health care facility in which you received care.

And this benefit would be paid in addition to any other insurance coverage you have.

### When your Home Recovery benefits kick in

You'd get paid cash benefits when your doctor says you need care in your home after a covered Hospital stay, and Medicare approves the home recovery care your doctor recommends. That's all there is to it.

### Why you should consider this coverage

When you recover from an Injury, surgery or Sickness, you'll want to stay independent and in control of your care. Recovery Plan can help you afford the type of care you want.

The Association Recovery Plan helps put you in charge of your care. And with this plan, you'll have the added peace-of-mind knowing you have protection to help you stay independent and confidently make the home recovery care choices you want.

### Affordable group rates

AAPSS created this plan carefully so you can get benefits for what you need. Affordable monthly rates start at \$19.95. Check out how affordable your rate is:

Monthly Rates

Age	Member or Spouse
65-69	\$19.95
70-74	\$27.95
75-84	\$39.95
85+	\$47.95

For your convenience, you'll be billed quarterly. You cannot be singled out for a rate increase. Rates and/or benefits may be changed on a class-wide basis. Rates are based on your attained age and increase as you enter a new age category.

\*At age 80, the home recovery care benefit will reduce to an annual maximum of 20 days or \$4,000.00 for covered services.

If applicable, an additional \$2 billing fee will be included on your billing notice payable to the administrator. To save the fee, select Electronic Funds Transfer (EFT) as a safe and secure payment option.

### EXCLUSIVELY available to members age 65+

This member benefit is not available to the general public. You'd be hard pressed find it on your own in the general marketplace. This plan was designed for retired members and their spouses age 65 and over enrolled in Medicare to help pay for home recovery expenses Medicare doesn't fully cover.

This coverage is available only for residents of the United States excluding AR, AZ, DE, FL, ID, IL, IN, IA, LA, ME, MD, MI, MN, MO, MS, MT, NM, NV, NY, OR, SC, SD, TX, UT, VI, VT, WA, WV and WY.

## Your coverage cannot be cancelled due to health or age

Your protection starts as soon as the first day of the month after we receive your Confirmation Form and first premium payment. Then, you can keep your Recovery Plan as long as you want. Your coverage won't end due to age. Your spouse's coverage ends when your coverage terminates, premiums are not paid or the date you and your spouse are legally separated or divorced from one another. As long as the Master Policy remains in force, you only need to pay your premiums when due and remain an AAPSS member to keep your protection.

## Satisfaction Guaranteed

We'll send you an official Recovery Plan Certificate of Insurance confirming your enrollment. Take up to 30 days to decide if the plan is right for you. If you like what you see, pay your premium. If not, let us know and we'll cancel your request for coverage. No questions asked.

## Pre-Existing Condition Limitation

A Pre-Existing Condition means any Injury or Sickness, diagnosed or undiagnosed, for which medical care is received by a covered person within the 6-month period prior to the covered person's effective date of insurance. Conditions Prior to Effective Date: During the first 6 months of a covered person's insurance, losses incurred for Pre-Existing Conditions are not covered. This will not apply to loss that the covered person incurs after being free of medical care for the condition for a 6-month period (ending any time on or after his or her effective date).

## Exclusions

This Plan does not cover intentionally self-inflicted Injuries, suicide or attempted suicide, whether sane or insane (while sane in Missouri and Colorado); any loss caused or contributed to by war or act of war, whether the war is declared or not.

## Definitions

Confined or Confinement means being an inpatient in a Hospital due to Sickness or Injury.

Skilled Nursing Facility and Hospital do not mean any institution or part thereof used primarily as: a rest home or convalescent home; a home for the aged or a place for rest or custodial care; a clinic; or a place for the care of drug addicts, alcoholics, or the mentally ill.

Periods of Confinement in a Hospital separated less than 90 days are due to the same or related causes are considered part of the same Period of Confinement.

## This Plan Is Underwritten By:



**THE  
HARTFORD**

Hartford Life and Accident Insurance Company  
Hartford, CT 06155

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies of Hartford Life and Accident Insurance Company.

This brochure explains the general purpose of the insurance described but in no way changes or affects the policy as actually issued.

Group Policy AGP-5476 is issued in Rhode Island, and is subject to its laws. In the event of a discrepancy between this factsheet and the policy, the terms of the policy apply. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the Hartford Life and Accident Insurance Company detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in full or discontinued. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy issued to the policyholder.

**THIS IS A HOSPITAL CONFINEMENT INDEMNITY POLICY. THE POLICY PROVIDES LIMITED BENEFITS.**

This limited health benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

Hospital Indemnity Form Series includes SRP-1151, or state equivalent.

## This Plan is Administered By:



**MERCER**

MAKE TOMORROW. TODAY

Mercer Consumer, a service of Mercer Health & Benefits Administration LLC

P.O. BOX 10374

Des Moines, IA 50306-8812

Phone: 1-800-424-9883

<http://www.insurancetrustsite.com/aapss>

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In CA d/b/a Mercer Health & Benefits Insurance Services LLC

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## Important Notice to Persons on Medicare This Insurance Duplicates Some Medicare Benefits

### **This is not Medicare Supplement Insurance**

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement Insurance.

#### **This insurance duplicates Medicare benefits when:**

- any expenses or services covered by the policy are also covered by Medicare.

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice
- other approved items and services.

## BEFORE YOU BUY THIS INSURANCE

- √ Check the coverage in **all** health insurance policies you already have.
- √ For more information about Medicare and Medicare Supplement Insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- √ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

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