

Hello, Mr./Mrs./Ms. _____. My name is _____. This conversation will be recorded for compliance purposes, and will also serve as a permanent verification record of your membership application. Is it okay for me to record this? **[Member must reply "yes." If member says, "no," read the following: "I'm sorry, Mr. /Ms. _____, our conversation must be recorded in order for us to proceed. May I go ahead and record the remainder of conversation?" If Still No: "Unfortunately we will not be able to process your enrollment today. If "yes", proceed.]**

You were transferred to me to verify the information that you provided to our enrollment representative agent, _____, regarding your application for the Health Depot Association HD ClearPoint Membership plan.

1. Today is _____ (today's date) and the time is: _____.
2. I am speaking to (Repeat name, address, phone number and **email address**)? **Yes/No**
3. Your date of birth is _____? **Yes/No**
4. By enrolling today, **MM/DD/2018**, you agree and affirm you are enrolling for the sole purpose the plans are intended for and further affirm you were contacted because you provided your contact information for this very purpose.

You further affirm you are not enrolling for someone else, another entity - or on your own behalf, for the purpose of, in whole or in part, of making threats or demands for money by alleging violations of the Telephone Consumer Protection Act and/or Federal Trade Commission DO NOT CALL registry or regulations. You expressly indemnify all parties involved in enrolling in these product(s) from any alleged violations, or threats of litigation, as it relates to the Telephone Consumer Protection Act or Federal Trade Commission do not call registry related violations. Please confirm by stating "I agree" **[Wait for response, must agree to complete the enrollment]**

5. You understand that you've selected a membership with The Health Depot Association that includes Group Fixed Indemnity Limited Benefit Medical insurance benefits underwritten by Fidelity Security Life Insurance Company, Kansas City, MO? **Yes/No**
6. You understand that the Group Fixed Indemnity Limited Benefit Medical Insurance does not cover pre-existing conditions for the first 12 months? **Yes/No**
7. Has the enrollment representative read all of the exclusions and limitations included in the Group Fixed Indemnity Limited Benefit Medical and Outpatient Prescription Drug Insurance to you? **Yes/No** **(If No, read the L&E on pages 4-6 to the member)**
8. You understand that your HD ClearPoint membership also includes non-insured benefits such as Teladoc, ScriptSave Rx, and many other health care, consumer and business programs, services and discounts. **Yes/No**
9. You understand that the discount medical benefits are not health insurance policies and are not available in all areas. They provide discounts at certain health care providers for medical services and do not make payments directly to the providers of medical services. The member is obligated to pay for all health care services but will receive a discount from those health care providers. **Yes/No**
10. Do you agree that your effective date is _____? **Yes/No**
11. Your initial payment today is \$_____, which represents your first month's membership dues, insurance premium of \$____; plus a one-time Health Depot Association membership processing fee of \$99, which is nonrefundable. Thereafter, your monthly dues will be \$_____ which will be automatically charged or drafted on the _____ of every month from your credit card/debit card/bank account provided to us today. Do you agree? **Yes/No** **(Please Note: Premier Health Solutions provides the benefits administration and management services for The Health Depot Association. As such, you will see "Premier Health Solutions" on your billing.)**
12. You are the holder of the credit card/debit card or bank account? **Yes/No**

If [No]: Please place the account holder on the phone to verify the account information. **[OR]**

If [No]: Please have the account holder call us back with the account information to complete the verification process.

If [Yes]: Continue the conversation.

13. **If [Credit/Debit Card]:** The card you provided to me was a (**Visa, MC, Discover, AMEX**) and that card number is _____, expiration is _____ and the CVV code is _____. **Yes/No**
- If [ACH Bank Draft]:** The routing number you provided is _____ and the account _____. **Yes/No**
14. If you are not satisfied with your membership, you may cancel within 30 days from your effective date and receive a full refund of your monthly membership dues; however, your one-time enrollment fee is non-refundable. Do you understand and agree? **Yes/No**
15. If you submit a claim under any of the insurance benefits included with your membership, you will be deemed to have accepted the membership and you will not be eligible for any refund. All cancellations must be directed to Member Services at (855) 351-7535. Do you understand and agree? **Yes/No**
16. You understand that if there is any discrepancy between what you thought the Agent told you about the plan and what the actual Insurance Policies state, the policy terms apply? **Yes/No**
17. You acknowledge and agree that the information you provided during your enrollment is true and complete as of today's date. You elect to participate in the ClearPoint membership plan. You acknowledge this insurance is a supplement to health insurance and is not major medical insurance, nor is it a substitute for major medical insurance. It does not qualify as minimum essential health coverage under the Federal Affordable Care Act. You understand this insurance will not satisfy the federal requirement that you have health coverage and that lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes. **Yes/No**

18. Read Fraud Statements

For residents of all states except AL, AR, DC, FL, GA, KS, KY, LA, ME, MD, NE, NM, NC, OK, PA, RI, TN, VA, WV – Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Alabama – Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

Arkansas – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

District of Columbia – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Georgia – Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Kansas – Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud as determined by a court of law.

Kentucky – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine – The Policy does not cover Pre-Existing Conditions without Limitations. Notice to Buyer: This is a Fixed Indemnity Limited Medical Insurance Plan. The Policy provides limited benefits. Benefits provided are not intended to cover all medical expenses.

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland – Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Nebraska – Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, incomplete or misleading information is guilty of insurance fraud.

New Mexico – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

North Carolina – Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.

Oklahoma – WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia – Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

West Virginia – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The Group Fixed Indemnity Limited Benefit Medical and Outpatient Prescription Drug Insurance is underwritten by Fidelity Security Life Insurance Company ("FSL"), Kansas City, MO 64111 on Policy Nos. LM-163 / IP-119; Policy Form Nos. M-6013 / M-9121 and issued to Health Depot Association as the group master policyholder. This insurance is not basic insurance or major medical coverage; it is not designed as a substitute for basic health insurance or major medical coverage, nor does it comply with the requirements of the Affordable Care Act (ACA). The Group Fixed Indemnity Limited Benefit Medical Insurance is subject to provisions, benefits, exclusions or limitations of the group policy which may vary by state. This is only a brief description of coverage and is not a contract. For complete details of coverage, please refer to the certificate. FSL does not provide nor is affiliated with the discount programs provided as a part of membership in The Health Depot Association. Coverage becomes effective on the date provided in the membership material. The insurer has the right to increase premium rates and has the option to cancel coverage. The HD ClearPoint Membership is marketed and administered by Premier Health Solutions, LLC. Premier Health Solutions, LLC is the primary administrator of all Health Depot Association

membership plans and products. Premier Health Solutions, LLC markets and sells under the name PHSI Insurance Agency, LLC in California and under the name PremierHS, LLC in Kentucky, Ohio, Pennsylvania, South Carolina and Utah.

Your coverage will continue as long as the group policy remains in force, the premiums are paid and you remain a member of the Association. Any dependents covered under the policy will remain covered as long as they remain eligible, the Member's coverage remains in force, and the required premium is paid. All coverage will end on the date any insured person submits a fraudulent claim. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Not available in all states.

OK, that's it! You will receive an email within the next 24 hours that will include a link to the member portal. You'll use your username and password from your account creation email to log in to your account. When you log in to the web portal, you'll be able to review, print and download all of your important documents. You'll also be able to print temporary ID cards to use until you receive your official ID cards in the mail, in approximately 7-10 business days. If you do not have access to the internet, please call (855) 351-7535 to request hard copies of your member materials. If you have any questions or need any assistance, please call (855) 351-7535.

By enrolling in this HD ClearPoint Membership Plan you are agreeing to receive your membership materials via email in addition to important notifications regarding your membership. You agree to the electronic insurance transaction and delivery of your policy(s) and related documents electronically. By choosing secure electronic delivery of your policy, FSL will not send policy paper or related documents by regular mail. There is no fee to receive your FSL policy or related documents electronically. Our administrator will provide your policy(s) or related documents via a PDF download available online. You do not need any special software to open your secure electronic policy documents, just a personal computer with an Adobe PDF Reader. Do you agree to electronic delivery of your insurance documents? **(Please have them confirm this by saying "yes".)**

This will conclude the verification. Thank you for your time and welcome to the Health Depot Association.

LIMITATIONS AND EXCLUSIONS

Group Fixed Indemnity Limited Benefit Medical Insurance Limitations and Exclusions

Limitations

Recurrent Confinements. If the Company pays benefits for a period of Confinement, and the Insured Person is readmitted within 30 days of that Confinement for the same condition, the later Confinement will be treated as a continuation of the prior Confinement. If more than 30 days have passed between periods of Confinement for the same condition or the successive Confinement is for an unrelated cause, the Company will treat the later Confinement as a new Confinement.

Pre-Existing Condition. Benefits are not payable for a Pre-Existing Condition until the expiration of 12 consecutive months, beginning with the Insured Person's Effective Date.

"Pre-Existing Condition" means any Injury, Sickness, Mental or Nervous Disorder or Substance Abuse for which medical treatment or advice was rendered or recommended by a Physician within 12 months prior to the Insured Person's Effective Date.

Exclusions

The Policy does not provide any benefits for the following:

1. suicide or any attempt of suicide, while sane or insane (in Colorado, Missouri or Montana, while sane);
2. any intentionally self-inflicted Injury or Sickness or any attempt thereof (in Colorado, Missouri or Montana, while sane);
3. rest care or rehabilitative care and treatment, except as specifically provided in the Skilled Nursing Facility Confinement benefit;
4. Dependent child Pregnancy, except Complications of Pregnancy;
5. routine newborn care, except as specifically provided for in the Wellness benefit;
6. voluntary abortion, except where Medically Necessary to save the Insured Person's life;
7. Participation in a Riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly. For purposes of this exclusion, "Participation" means to take an active part in common with others; "Riot" means any use or threat

to use force or violence or disturbance by three or more persons without authority of law. This does not include a loss that occurs while acting in a lawful manner within the scope of authority;

8. committing, attempting to commit or taking part in a felony, battery, assault or engaging in an illegal occupation;
9. any Injury occurring while the Insured Person is intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the Injury took place);
10. treatment for the voluntary taking of any poison or inhalation of gas, or voluntary taking of any drug, sedative or narcotic, unless prescribed by a Physician and taken according to the prescribed dosage;
11. dental care or treatment, except:
 - a. care or treatment due to an Injury to sound, natural teeth treated within 12 months of the Accident;
 - b. treatment necessary due to congenital defects or birth abnormalities;
 - c. excision of impacted third molars, or
 - d. closed or open reduction of fractures or dislocation of the jaw;
12. sex changes;
13. the reversal of tubal ligation or the reversal of vasectomies;
14. flying or descending from any aircraft or air conveyance, except as a fare-paying passenger in any regularly scheduled commercial aircraft flying between established airports on a regularly scheduled route;
15. accidental bodily Injury occurring while serving on full-time active duty in any Armed Forces of any country or international authority (any premium paid will be returned by the Company pro rata for any period of active duty);
16. declared or undeclared war or acts thereof;
17. Injury or Sickness arising out of or in the course of any occupation for compensation, wage or profit or benefits that the Insured Person is entitled to under any Occupational Disease Law or similar law, whether or not application for such benefits have been made;
18. medical care, services or supplies provided outside of the United States of America or its territories;
19. treatment of obesity, weight reduction or dietetic control; except morbid obesity or disease etiology;
20. Confinement, care or services incurred prior to the Insured Person's Effective Date or that begin after termination of coverage;
21. Confinement, care or services furnished by any agency or program funded by federal, state or local government. This does not apply to Medicaid or where prohibited by law;
22. Confinement or treatment that is not Medically Necessary; or
23. any Confinement or treatment not specifically covered in the Schedule of Benefits.

(DO NOT READ this section to Members who reside in IL, ME, NC.)

Group Indemnity Outpatient Prescription Drug Limitations and Exclusions

Limitations

Dispensing Limits and Authorized Refills. Retail Pharmacy: the lesser of a 30-day supply or specified unit doses.

Exclusions

The Policy does not provide any benefits for the following:

1. all Prescription Drugs not specifically listed in the Formulary;
2. all over-the-counter products and medications;
3. all non-Legend Prescription Drugs;
4. refills in excess of that specified by the prescribing Physician; or refills dispensed after one year from the original date of the prescription;
5. all newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication;
6. any drug labeled "Caution - Limited by Federal Law for Investigational Use" or experimental drugs;
7. any drug that the FDA has determined to be contraindicated for the specific treatment;

Group Indemnity Outpatient Prescription Drug Limitations and Exclusions (cont)

8. drugs needed due to conditions caused, directly or indirectly, by an Insured Person taking part in a riot or other civil disorder; or the Insured Person taking part in the commission of a felony;
9. drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war; or drugs dispensed to an Insured Person while on active duty in any Armed Forces;
10. any expenses related to the administration of any drug;
11. needles or syringes;
12. drugs or medicines taken while in or administered by a hospital or any other health care facility or office;
13. drugs covered under Workers' Compensation, Medicare or other Governmental program;
14. drugs, medicines or products that are not Medically Necessary; or
15. Brand Name Prescription Drugs.