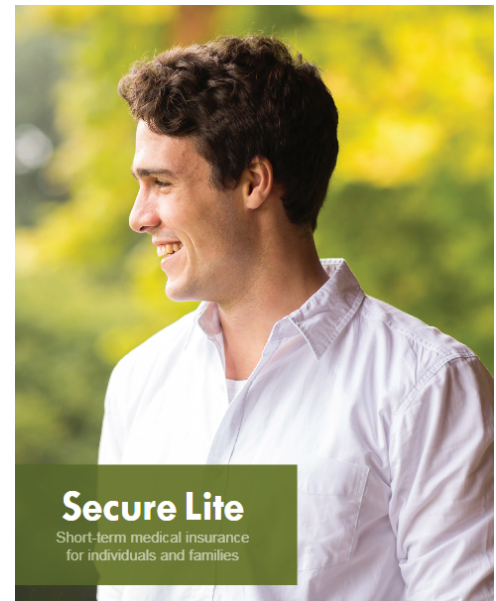
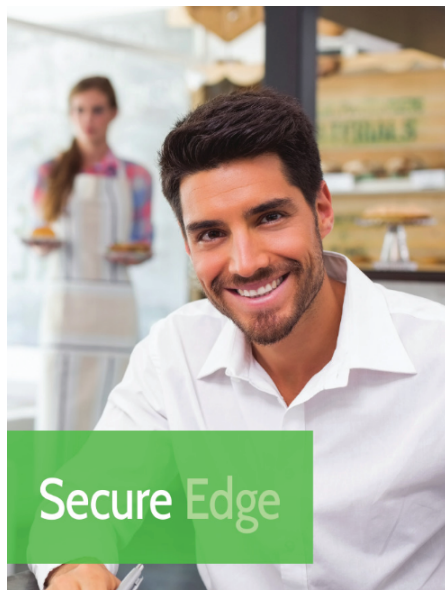


Secure STM Producer Guide



Secure STM Producer Guide

Table of Contents

| | |
|--------------------------------------|-----------|
| Intro | 3 |
| Partners | 3 |
| Becoming an IHC Producer | 3 |
| - Appointment | 3 |
| - Commissions | 4 |
| - Online Portal | 4 |
| Plan Overview | 4 |
| Exclusions | 4 |
| State Approvals | 5 |
| Pre-Existing Condition | 5 |
| New Business Process | 5 |
| - Eligibility | 5 |
| - Quoting and Enrollment | 5 |
| - Effective Date of Coverage | 10 |
| - Billing Modes | 10 |
| - Billing Date | 10 |
| - Grace Period | 10 |
| - Renewability of Coverage | 10 |
| - Termination of Coverage | 10 |
| Underwriting Guidelines | 11 |
| Claims | 11 |
| - Claim Forms | 11 |
| - Notice of Claim | 11 |
| - Submitting a Claim | 11 |
| - Payment of Claims | 11 |
| 10-Day Right-to-Return Period | 12 |
| Contacts | 12 |



Secure STM Producer Guide

Intro

“This guide is designed to give you basic information regarding appointment and contracting, compensation, coverage, eligibility, application submission and claims for Secure Edge, Secure Bridge, and Secure Edge. It is not intended to provide full details. Provisions, benefits, exclusions and limitations may vary by state. Refer to the certificate of coverage, schedule of benefits, along with amendatory endorsements and riders for additional information.”

Partners

About The IHC Group

Independence Holding Company (NYSE: IHC) is a holding company that is principally engaged in underwriting, administering and/or distributing group and individual specialty benefit products, including disability, supplemental health, pet, and group life insurance through its subsidiaries since 1980. The IHC Group owns three insurance companies (Standard Security Life Insurance Company of New York, Madison National Life Insurance Company, Inc. and Independence American Insurance Company), and IHC Specialty Benefits, Inc., a technology-driven insurance sales and marketing company that creates value for insurance producers, carriers and consumers (both individuals and small businesses) through a suite of proprietary tools and products (including ACA plans and small group medical stop-loss). All products are placed with highly rated carriers.

About Standard Security Life Insurance Company of New York

Standard Security Life was founded in 1958, and is domiciled in the State of New York and headquartered in New York City. It is licensed in all 50 states, the District of Columbia, the Virgin Islands, and Puerto Rico. Standard Security Life provides various lines of life, health and disability insurance, including: employer medical stop-loss, disability benefit law (DBL), short-term medical, group major medical, individual and group dental and vision, individual accident and health insurance, group term life, specialty programs designed for volunteer emergency service personnel, including group life insurance and service awards programs. Standard Security Life is rated A- (Excellent) by A.M. Best Company, Inc., a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet policyholder obligations (an A++ rating from A.M. Best is its highest rating).

Becoming an IHC Producer

- Appointment

In order to begin selling products available through The IHC Group, you must be recommended through a general agent or IHC sales representative. In addition to becoming your point of contact for sales, service and training, this individual will assist you in determining contracting and appointment rules for the state(s) in which you do business.

You must have a current life/health license for each state in which you do business, be in good standing with the Department of Insurance, and not have been convicted of a felony involving moral turpitude. If commissions are paid to an agency, some states require that the agency be licensed as well as the individual agent. Upon submission of your first case, provide your general agent or sales representative with the following properly completed, signed and dated documents:

- Producer Application
- Copies of current individual license(s) for each state you plan to write business in
- A copy of your Agency license if commissions are to be assigned to the Agency
- IHC Producer Agreement – ***signed and dated***

Secure STM Producer Guide

- Commission schedule – no signature required, however, must be returned with the Producer Agreement to ensure accurate commission payment
- Direct Deposit Authorization form with copy of blank voided check – ***signed and dated***

If you have requested an appointment without the submission of new business, we will not process your appointment request until new business is submitted. Please be advised that we will keep your appointment paperwork on file for 90 days from date of submission; so we encourage you to submit new business as soon as possible to finalize the appointment process.

You will be notified when the insurance carrier appointment is completed and will be sent a copy of your executed Producer's Agreement. Until the insurance company completes your appointment, IHC Group may hold any commissions that are due.

- Commissions

In order to begin selling products available through The IHC Group, you must be recommended through a general agent or IHC sales representative. In addition to becoming your point of contact for sales, service and training, this individual will assist you in determining contracting and appointment rules for the state(s) in which you do business.

You must have a current life/health license for each state in which you do business, be in good standing with the Department of Insurance, and not have been convicted of a felony involving moral turpitude. If commissions are paid to an agency, some states require that the agency be licensed as well as the individual agent. Upon submission of your first case, provide your general agent or sales representative with the following properly completed, signed and dated documents:

- Producer Application
- Copies of current individual license(s) for each state you plan to write business in
- A copy of your Agency license if commissions are to be assigned to the Agency
- IHC Producer Agreement – ***signed and dated***
- Commission schedule – no signature required, however, must be returned with the Producer Agreement to ensure accurate commission payment
- Direct Deposit Authorization form with copy of blank voided check – ***signed and dated***

- Online Portal

The online agent portal is a valuable resource that allows producers to access compensation information, download forms, review reports and statements, and much more. Unique sales URLs can also be found within the producer portal. Visit www.myihcgroup.com to access the website. Contact your IHC sales representative for your website and log-in information.

Plan Overview

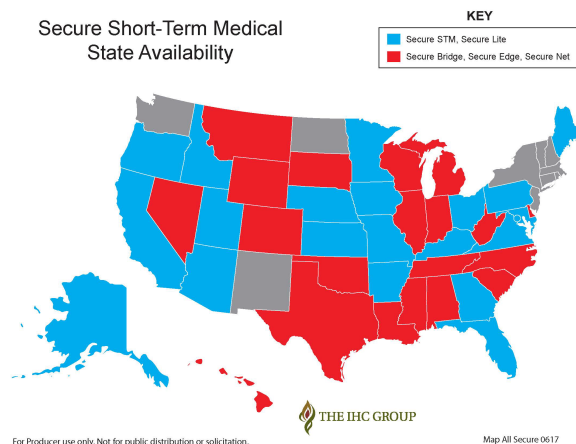
For plan information, please refer to the Secure Edge, Secure Bridge, and Secure Edge brochures.

Exclusions

Check the policy for full listing of Secure Edge, Secure Bridge, and Secure Edge exclusions.

Secure STM Producer Guide

State Approvals



Pre-Existing Condition

Secure Edge, Secure Bridge, and Secure Edge will not provide benefits for any loss caused by or resulting from a pre-existing condition. A pre-existing condition is any medical condition or sickness for which medical advice, care, diagnosis, treatment, consultation or medication was recommended or received from a doctor within five years immediately preceding the covered person's effective date of coverage; or symptoms within the five years immediately prior to the coverage that would cause a reasonable person to seek diagnosis, care or treatment.

*Pre-existing condition definitions and time limits may vary by state.

New Business Process

- Eligibility

Secure Net, Secure Bridge and Secure Edge are available to the primary applicant up to age 64, his or her spouse age 18 to 64 and dependent children under the age of 26. Child-only plans are available for children age 2 up to age 18.

- Quoting and Enrollment

To begin the quoting and enrolling process, go to www.myihcgroup.com and login using your 7 digit agent number.

Home About Us Contact Us

Welcome to Your Benefits Management

Producers/Agents

- Check pending cases
- View performance reports
- Get product materials
- Quoting and enrollment tools
- Become a contracted producer

Producer/Agent Login

User ID: 9900435

Password: *****

☐ Remember me on this computer

Not yet registered? [register](#)

Forgot password? [click here](#)

Secure STM Producer Guide

This will bring you to the dashboard. You can see the list of products under **Quoting and Enrollment**:

[Home](#) [About Us](#) [Contact Us](#)

Welcome [Hailey Schantzen \(9900435\)](#)

Helpful Links

[Agent Connectivity Tools \(ACT\)](#)

[Download Forms](#)

[Health eDeals At Work](#)

[Quoting and Enrollment](#)

[CA Premier](#)

[Care Access Plan](#)

[Critical Illness](#)

[Dental for Individuals and Families](#)

[Flexident Dental](#)

[Group Gap](#)

[Metal Gap](#)

[Metal Gap 2](#)

[Rx Pay Card](#)

[Short Term Medical](#)

[Simplified Funding Concepts](#)

[Telemedicine](#)

Click **Short Term Medical**. This will bring you to the **Product Landing** page.

[Home](#) [About Us](#) [Contact Us](#) [Careers](#) [Logout](#)

Helpful Links

[Marketplace Tools](#)

[Products](#)

[Activity Reports - Individual](#)

[Activity Reports - Group](#)

[Dental for Individuals and Families](#)

Dental

[Compare Plans and Enroll](#)

[Email Link to Client](#)

[Care Access Plan](#)

HIP2

[Compare Plans and Enroll](#)

[Email Link to Client](#)

[Group Gap](#)

Small Group

[Quote Plans](#)

[Metal Gap](#)

Metal Gap

[Compare Plans and Enroll](#)

[Email Link to Client](#)

[Metal Gap 2](#)

Metal Gap 2

[Compare Plans and Enroll](#)

[Email Link to Client](#)

[Rx Pay Card](#)

RXPAYCARD

[Compare Plans and Enroll](#)

[Email Link to Client](#)

[Telemedicine](#)

Telemedicine

[Compare Plans and Enroll](#)

[Email Link to Client](#)

[Temporary Health Insurance/STM](#)

Short Term Medical

[Compare Plans and Enroll](#)

[Email Link to Client](#)

[Home](#) | [About Us](#) | [Contacts](#)

[Privacy Policy and Terms of Use](#)


Secure STM Producer Guide


Go to **Short Term Medical** and click **Compare Plans and Enroll**. This brings you to the STM Quoting Page:

Hailey Schantzen0000000000Hailey.Schantzen@ihcgroup.com

Find the Best Temporary Health Insurance Option

Temporary health insurance is a perfect solution for individuals needing insurance in the short term, whether they are uninsured, unemployed, self-employed or just need an affordable insurance product that fits their monthly budget. Compare plans and pricing, and find the best option.



Get a Quote 

*Required

* ZIP Code

#####

* Effective Date

5/27/2017

Applicant

* Date of Birth:

mm/dd/yyyy

* Gender

Male

 /

Female

Additional people to include on the policy

+ Add Spouse

+ Add Child

* Payment Options

Monthly

Submit

Enter your client's demographics (zip code, effective date, date of birth, gender and spouse or children information) and click **Submit**.

This will bring you to the list of STM plans available to that individual:

Hailey Schantzen0000000000Hailey.Schantzen@ihcgroup.com

Current Plan Details

Applicant:
Applicant (Female/25)

State/Zip: MN/55423

Payment: Monthly

Change your Information
New Quote

Effective Dates:
Short-term: 5/27/2017

All Available Plans (60)

Plans

All Available Plans (60)

☒ Top Sellers (6)

☐ Secure STM (36)

☐ Secure Lite (24)

Cost

Deductible

Coinsurance

Maximum Policy Length

Top Sellers (6)

Print

| | | | | | |
|--|---|---|--------------------|--------------------------|-----------|
| Secure Lite Plan Details | Policy Duration 90 Days | Deductible \$1,000 | Coinsurance 80% | Out-Of-Pocket \$2,000 | * \$72.79 |
| Complete your coverage with other supplemental products | | | | | |
| <input type="checkbox"/> Metal Gap 2 \$13.49 /mo. MG35 | <input type="checkbox"/> RX Paycard \$19.99 /mo. | <input type="checkbox"/> Telemedicine \$12.50 /mo. | | | |
| * Plus a \$25.00 one-time enrollment fee | | | | | |
| Apply | | | | | |
| Save | | | | | |
| Email | | | | | |

| | | | | | |
|--|---|---|--------------------|--------------------------|-----------|
| Secure STM Plan Details | Policy Duration 90 Days | Deductible \$5,000 | Coinsurance 70% | Out-Of-Pocket \$6,000 | * \$96.30 |
| Complete your coverage with other supplemental products | | | | | |
| <input type="checkbox"/> Metal Gap 2 \$13.49 /mo. MG35 | <input type="checkbox"/> RX Paycard \$19.99 /mo. | <input type="checkbox"/> Telemedicine \$12.50 /mo. | | | |
| * Plus a \$25.00 one-time enrollment fee | | | | | |
| Apply | | | | | |
| Save | | | | | |
| Email | | | | | |

| | | | | | |
|--|---|---|--------------------|--------------------------|-----------|
| Secure Lite Plan Details | Policy Duration 90 Days | Deductible \$500 | Coinsurance 80% | Out-Of-Pocket \$4,000 | * \$97.85 |
| Complete your coverage with other supplemental products | | | | | |
| <input type="checkbox"/> Metal Gap 2 \$13.49 /mo. MG35 | <input type="checkbox"/> RX Paycard \$19.99 /mo. | <input type="checkbox"/> Telemedicine \$12.50 /mo. | | | |
| * Plus a \$25.00 one-time enrollment fee | | | | | |
| Apply | | | | | |
| Save | | | | | |
| Email | | | | | |

| | | | | | |
|--|----------------------------|-----------------------|--------------------|---------------------------|------------|
| Secure STM Plan Details | Policy Duration 90 Days | Deductible \$2,500 | Coinsurance 50% | Out-Of-Pocket \$10,000 | * \$101.59 |
|--|----------------------------|-----------------------|--------------------|---------------------------|------------|

7

Secure STM Producer Guide 0717

Secure STM Producer Guide

On the left you can see a variety of drop down boxes that allow you to choose cost, deductible, coinsurance and maximum policy length. This way you can cater to your client's needs. Under each STM plan, you have the option to bundle with Metal Gap 2, Rx Paycard and Telemedicine.

Select the desired plan as well as any bundled products and click **Apply**.

This brings you to the Applicant Details page. Fill out the page with your client's information. Then click **Continue**.

The screenshot shows the 'Applicant Details' page. At the top, there is a blue header with the user's name 'Hailey Schantzen', a unique ID '0000000000', and an email address 'Hailey.Schantzen@ihcgroup.com'. Below the header, a navigation bar shows four steps: 1 Applicant Details (active), 2 Eligibility, 3 Review and Acknowledge, and 4 Secure Payment Center. The main content area is titled 'Applicant Details' and includes a red asterisk indicating required fields. The form fields are: Name (First Name, MI, Last Name), Date of Birth (04/09/1992), Occupation, Gender (Male/Female), Marital Status (Married/Single), Social Security Number (###-##-####), and Contact Information (Address1, Address2). On the left side, there is a sidebar with 'Current Plan Details' showing the applicant's name, state/zip, and payment method. Below this, 'Effective Dates' are listed for SSL STM, RX Paycard, and Telemedicine.

The next page is **Eligibility**. Answer the Medical History Questions accurately and click **Continue**.

The screenshot shows the 'Eligibility' page. It features the same blue header and navigation bar as the previous page. The main content area is titled 'Eligibility' and includes a red asterisk indicating required fields. Below the title, there is a section titled 'ANSWER THE FOLLOWING MEDICAL HISTORY QUESTIONS' with a disclaimer about misstatements and omissions. The questions are: 'Will there be any other group or individual major medical health insurance in force on the policy effective date?', 'Are you or any person applying for coverage now pregnant?', 'Have you or any person applying for coverage been declined for health insurance for a condition that is still present?', and 'Are you or any person applying for coverage currently eligible for Medicaid?'. Each question has radio buttons for 'Yes' and 'No'. On the left side, the 'Current Plan Details' sidebar is visible, showing the same information as the previous page.

Secure STM Producer Guide

The next page this brings you to is **Review and Acknowledge**. Here you will electronically sign your client's name acknowledging they agree to the products they are enrolling in. Sign for each product and click **Continue**.

Halley Schantzen000000000Halley.Schantzen@ihcgroup.com

Current Plan Details

Applicant:
Applicant (Female/25)
State/Zip: MN/55423
Payment: Monthly
[Change your Information](#)
[New Quote](#)

Effective Dates:
SSL STM: 5/27/2017

1 Applicant Details**2** Eligibility**3** Review and Acknowledge**4** Secure Payment Center

Review and Acknowledge

** required fields*

Please review your application to verify that the information provided is accurate. The application will open in a new window for review. Once review is complete, close the application window, verify that you accept and understand the terms and disclaimers below, and complete the electronic signature.

SSL STM

Application for Review

ACCEPTANCE AND ACKNOWLEDGEMENT:

A. I agree that coverage will not become effective for any person whose medical history changes prior to the persons Effective Date, such that the person's answer would be "yes" to any of the Medical History questions in this application. If such person is the Applicant, coverage is automatically declined for all persons included in this application.

B. I hereby request coverage under the policy issued. I agree to all terms of the policy if the coverage applied for becomes effective.

C. I understand that the agent or broker who solicited this application and upon whose explanation of benefits, limitations or exclusions we relied (1) was acting as an independent contractor and not as an agent of the Insurance Company; (2) was retained by me as my agent; and (3) has no right to alter the application, bind or approve coverage or alter any of the terms or conditions of the policy.

D. I represent that (1) I have read this application; (2) all of my (our) answers are within my (our) personal knowledge; and (3) all of my (our) answers are complete, true and correct.

E. I agree to immediately notify the insurer of any changes in any of the information contained in this application which may occur prior to the Effective Date of coverage.

F. I understand that health insurance benefits are excluded for pre-existing conditions and this coverage will not pay benefits for a disease or physical condition that I now have or have had within 5 years of my application for coverage. The pre-existing condition exclusion does not apply to dependent children who are born or placed for adoption during the policy period. I understand that cancellation of this coverage within the 10 Day Right to Return provision as stated in the Policy will result in a refund of premiums and any fees or charges associated with the Policy.

Finally, this brings you to the **Secure Payment Center**. Here you have the option to pay by Bank Draft or with a Credit or Debit Card.

Current Plan Details

Applicant:
Applicant (Female/25)
State/Zip: MN/55423
Payment: Monthly
[Change your Information](#)
[New Quote](#)

Effective Dates:
SSL STM: 5/27/2017
RX Paycard: 5/30/2017
Telemedicine: 5/27/2017

1 Applicant Details**2** Eligibility**3** Review and Acknowledge**4** Secure Payment Center

Secure Payment Center

** required fields*

Initial Payment Due:

\$130.28

Initial payment equals your monthly premium, monthly fee, plus a one-time enrollment fee. Each product is charged separately for the initial payment and any ongoing monthly charges. Your charges will reflect separate transactions in your bank statement.

| | |
|--------------------------|-----------------|
| SSL STM | |
| Monthly Cost: | \$72.79 |
| Premium: | \$57.79 |
| Monthly Fee: | \$15.00 |
| One Time Enrollment Fee: | \$25.00 |
| RX Paycard | |
| Monthly Cost: | \$19.99 |
| Premium: | \$19.99 |
| Telemedicine | |
| Monthly Cost: | \$12.50 |
| Premium: | \$12.50 |
| Total Cost: | \$105.28 |

Payment Method

** Please select a payment method below and complete the account information*

☐ Bank Draft ☐ Credit Card

Account Signatures for SSL STM

9

Secure STM Producer Guide 0717

Secure STM Producer Guide

Enter your client's desired payment information. Then sign for each product. You will now finalize the enrollment by clicking **Complete Purchase**.

<< Back

Email Application

Complete Purchase >>

*Each page automatically saves information. You can use the Back button at any time.

- Effective Date of Coverage

The applicant may request a plan effective date of either the 1st or 15th of the month. Insurers Administrative Corporation must receive the application for insurance before the requested effective date. If an application is received after the requested effective date, then coverage (if approved) will be made effective the next available date.

If the applicant is replacing coverage, it may be beneficial to elect an effective date of the 1st of the month following approval and keep his/her current coverage in force until notice of approval is received.

- Billing Modes

Secure STM offers monthly premium payments using credit card or automatic bank withdrawal.

- Billing Date

The first charge/draft is completed at time of submission. After your initial payment, your subsequent monthly credit card or bank account premium deductions will occur monthly and will be charged/drafted on the 1st of the month.

- Grace Period

The insured has a 31-day grace period for the payment of each premium due after the first premium. Coverage will continue in force during the grace period unless the insured has given prior written notice of termination. If such a premium is not paid by the end of the grace period, all such insurance will end as of the due date of such premiums, and no expenses incurred during the grace period will be considered for benefits.

- Renewability of Coverage

If your need for temporary health insurance continues, most states allow you to apply for another short-term medical plan. Your application is subject to eligibility, underwriting requirements and state availability of the coverage. The next coverage period is not a continuation of the previous period; it is a new plan with a new deductible, coinsurance and pre-existing condition limitation.

- Termination of Coverage

Coverage ends on the earliest of the date: the premium is not paid when due; you enter full-time active duty in the armed forces; or Independence American Insurance Company determines intentional fraud or material misrepresentation has been made in filing a claim for benefits. A dependent's coverage ends on the earliest of the date: your coverage terminates; the dependent becomes eligible for Medicare; or the dependent ceases to be eligible.

Secure STM Producer Guide

Underwriting Guidelines

We reserve the right to reject any application that, in our opinion, does not conform to sound underwriting principles. Telephone interview, paramedical exam, or Attending Physician Statement (APS) may be requested.

If a health condition prevents coverage from being issued as applied for, coverage may be considered with a medical impairment rider that excludes coverage for a particular health condition, or coverage may be considered at a higher premium or deductible, depending upon the nature of the medical condition. The applicant's coverage will be issued contingent upon his/ her acceptance of the modified.

Below is a list of Medical Qualifying Questions for clients to answer. If "yes" is answered to any question 1 through 5, coverage cannot be issued.

| Medical Qualifying Questions | |
|---|--|
| Please answer the following medical questions for all individuals, including dependents, applying for coverage: Please be aware that any misstatements and omissions may be a material misrepresentation and a basis for rescission of your coverage. In the event of a rescission: (1) coverage will be void as of the Effective Date; (2) all premiums paid will be refunded; (3) any claims that have been submitted will be denied; (4) if any claims have been paid, the amount of claims paid will be deducted from any premium refund due. | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. Will any person to be covered be eligible for a government sponsored health insurance plan (Medicare or Medicaid)? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Are you or is any immediate family member (whether named or not named in this enrollment form) pregnant, an expectant parent, in the process of adopting a child, or undergoing fertility treatment? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 3. Are you or any person applying for coverage currently over 300 pounds if male or 250 pounds if female OR has anyone to be insured undergone weight loss or bariatric surgery? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. WITHIN THE LAST 5 YEARS, HAS ANY PERSON LISTED ON THIS APPLICATION RECEIVED ANY MEDICAL OR SURGICAL ADVICE, CONSULTATION OR TREATMENT, INCLUDING MEDICATION, FOR: <ul style="list-style-type: none">• Stem cell transplant• Heart disorder, heart attack, coronary artery disease or circulatory system disorder (includes by-pass or stent surgery or carotid artery disease/surgery)• Stroke, seizures disorder or other neurological disorder• Cancer or tumor OR taking medication to prevent recurrence of cancer or tumorous growth• Paraplegia, quadriplegia or multiple sclerosis• Emphysema, chronic bronchitis or COPD (chronic obstructive pulmonary disease)• Insulin dependent diabetes• Kidney disorder other than stones and/or liver disease• Degenerative arthritis (degenerative disc disease, herniated disc, rheumatoid or psoriatic arthritis or degenerative joint disease)• Alcohol or drug abuse or dependency OR chemical dependency |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Have you or any person proposed for coverage been diagnosed or treated for Acquired Immune Deficiency Syndrome (AIDS), AIDS-related complex, OR any other immune system disorder? Answer this question "no" if you have tested positive for HIV but have not developed symptoms of the disease AIDS. |

NOTE: IF "YES" IS ANSWERED TO ANY QUESTION 1 THROUGH 5, COVERAGE CANNOT BE ISSUED

Claims

- Claims Forms

Claims forms must be completed and signed by the insured person.

- Notice of Claim

Written notice of claim must be given within 90-days after the date on which the claim was incurred or no later than one year from the date on which the charges are incurred unless the covered person is legally incapacitated. The date on which the charges are incurred is the date on which the services or supplies were provided. The notice should include the covered person's name and policy number.

- Submitting a Claim

The back of the ID card has instructions on where to electronically send claims.

- Payment of Claims

Payments for covered charges will be paid as they accrue, subject to written proof of loss. Any balance unpaid at the end of liability will be paid on receipt of written proof of loss.

Covered charges will be payable to the employee unless they are assigned to a physician, facility or other health care provider. Any notice of assignment of benefits must be in writing and mailed to IHC or the authorized administrator. Notice of the assignment of benefits received from a physician, facility or other

Secure STM Producer Guide

health care provider will be sufficient to cause covered charges to be paid to such physician, facility or other health care provider. You may revoke an assignment of benefits at any time by providing written notice of such revocation to IHC or the authorized administrator. Any such written revocation of an assignment of benefits shall be valid as to both the employee and the physician, facility or other health care provider.

10-Day Right-to-Return Policy

If for any reason the insured is not satisfied with this Policy, they may return it within 10-days after receiving it. We will refund any premium paid minus the enrollment and administrative fees; coverage issued under the Policy will be void, as though coverage had not been issued.

Contacts

Administrative and Billing Customer Service

Phone: 800-228-6790

Email: newpolicyservices@ebix-hae.com

Fax recall system: 877-223-4693

Claims and Benefits Customer Service

Phone: 800-231-5889

Email: ebix.claims@ebix-hae.com

Administrative and Billing

Fax: 815-633-0277

Mailing Address:

Ebix Health Administration Exchange, Inc.

PO Box 15250

Loves Park, IL 61132-5250