



# National General Accident & Health Product Guide

For agent use only. Not for distribution to consumers.  
National General Accident and Health markets products underwritten by  
National Health Insurance Company, Time Insurance Company, Integon National  
Insurance Company, and Integon Indemnity Corporation.

**National General**   
Accident & Health

# Thank you for your interest in National General Accident & Health

We make it easy for you to find sales success by providing easy-to-use online sales tools that help you get quotes and land sales fast.

We are committed to your success and will make every effort to provide you with the products and resources you need, so you can focus on helping your customers and grow your business.

Our broad portfolio of products gives you the opportunity to sell all year long. With solutions in nearly every state, you have the opportunity to meet more needs of more customers, no matter where you choose to focus your business.

- ✓ **Short Term Medical**
- ✓ **National General Foundation Health**  
*Fixed-benefit medical*
- ✓ **Accident Fixed-Benefit**
- ✓ **AcciMED**  
*Accident Medical Expense and Accidental Death and Dismemberment*
- ✓ **Cancer and Heart/Stroke**
- ✓ **Critical Illness - Term Life**
- ✓ **Term Life Insurance**
- ✓ **Dental Indemnity Insurance**
- ✓ **Dental PPO Insurance**
- ✓ **Hospital Expense Protection**
- ✓ **Medicare Supplement Insurance**
- ✓ **Plan Enhancer**  
*Accident Medical Expense (AME) only; or AME plus riders for Sickness Hospitalization and Cancer and Heart/Stroke*
- ✓ **Short Term Care**
- ✓ **TrioMED**  
*Accident Medical Expense, Critical Illness and Accidental Death and Dismemberment*
- ✓ **VitalGuard**  
*Accidental Death and Dismemberment*

It's important to remember these products pay limited benefits; they do not constitute comprehensive health insurance coverage (often referred to as major medical coverage) and do not satisfy the requirement of Minimum Essential Coverage under the Affordable Care Act.

This guide is your sales planning tool — it contains useful information to help you help your clients through the purchase process.

Not all products are available in all states.

# Why work with us?

## National General Accident & Health is a one-stop solution



Industry-leading technology & sales platforms with simplified sales solutions for every consumer segment



Competitive product portfolio of supplemental, short-term, fixed-benefit medical, and dental coverage options



Direct access to an extensive product portfolio providing a broad range of opportunities in today's insurance market

## Why sell Short Term Medical?



Short Term Medical is a great fit for customers who are:

- » Still in need of help paying for health care expenses because they missed Open Enrollment
- » Between jobs
- » Waiting for new employee benefits to kick in
- » Don't have the budget for major medical plans
- » Don't want to pay for benefits they don't need
- » Waiting for Medicare



## Why supplemental?

Many customers get stuck with high-deductible, comprehensive health plans that force them to pay large amounts of health care expenses out-of-pocket. Supplemental coverage helps them bridge the gap.

Customers can use the cash benefits in any way they need.



63% of Americans don't have enough savings to cover a \$500 emergency\*

## Why Dental?

Everybody needs dental care, why not increase your sales opportunities by adding National General Accident & Health Dental Insurance to your portfolio.

There are two options to choose from to help you fit the needs of more customers.

Dental PPO: with three different benefit levels to choose from and access to the Careington Maximum Care Dental Network.

Dental Indemnity with an optional network savings card: pays cash benefits to help make dental care more affordable and provides the option to add the Maximum Care Discount network savings card for more savings on both dental and vision services.



95% of adults say they value keeping their mouth healthy\*\*

## Why National General Foundation Health?

National General Foundation Health is a fixed-benefit plan that gives you a more affordable and predictable way to get the health care you need. By paying out set dollar amounts when customers receive covered health care services, they don't have to worry about deductibles or copays. Customers also get access to network discounts to further drive down costs.

They get the care they need, and we help them pay for it.

\* Source: <https://www.forbes.com/sites/maggiemcgrath/2016/01/06/63-of-americans-dont-have-enough-savings-to-cover-a-500-emergency/#1f1ca0df4e0d> - pulled 03/24/2017

\*\* <http://www.ada.org/en/publications/ada-news/2016-archive/january/hpi-publishes-oral-health-facts-for-every-us-state>

# Agent Appointments

National General Accident & Health markets products underwritten by National Health Insurance Company (NHIC), Integon National Insurance Company (INIC), Integon Indemnity Corporation (IIC) and Time Insurance Company (TIC).

Once you receive your initial appointment with us, we follow a “Just-in-Time” appointment process, except in states that require pre-appointment. Whenever you submit business for the first time in a new state, we will automatically submit a request for appointment within the time frame required by that state.

As appointments are processed, you will receive an email notification confirming your appointment in a particular state. If you sell in multiple states, you will receive an email each time you become actively appointed in a state.

**In order to solicit our products, you must first complete an online application:**

- » Your Sales Representative will provide you with a personalized link, or you can call 888-376-3300
- » Applications are accepted electronically
- » If you hold active licenses in pre-appointment states at the time of your registration, the company will submit a request to the state for appointment. Pre-appointment states will remain blocked until your appointment confirmation has been received for those states.

## Agent Back Office

Agent Back Office is our online portal that’s available to help you manage your National General Accident & Health book of business. You can view production and policy status for all product sales.

Log in at <https://ngahagents.ngic.com>

Register using the link found in your Appointment Welcome email.

Once logged in you can:

- » View production and policy status
- » View customer contact information and policy details
- » Access Help documents, such as Agent Product Guide, State Variations, and the Product Availability grid
- » View all customer policies under one hierarchy
- » Use multiple sorting options for simple viewing and exporting of data
- » Easily export all production to .csv file



# Commissions

You access your commission statements in two different systems. All commissions are paid via ACH.

## For products underwritten by National Health Insurance Company, Integon National Insurance Company, or Integon Indemnity Corporation

Go to <http://www.eagentcenter.com> and then:

- » Enter company ID: NGIS
- » Enter your user name: your NPN
- » Enter your password: Last 6 digits of SSN or TIN

## For products underwritten by Time Insurance Company

Go to [https://insuranceservices.actmanre.com/](https://insuranceservices.actmanre.com/NationalGeneral/default)

NationalGeneral/default and then:

- » Register using the code that was sent to you in a Welcome email from AMR: NoReply@actmanre.com
- » Once registered, you will have access to view your TIC commission statements

## To access statements as an HST Agent:

Go to <http://www.eagentcenter.com> and then:

- » Enter company ID: HST
- » Enter user ID: First name initial, last name initial and last four digits of your SSN.
- » Enter your password: Last 6 digits of your SSN/TIN

## To access statements as an AHCP Agent:

Go to <http://www.eagentcenter.com> and then:

- » Enter company ID: AHCPAGENCY
- » Enter user ID: First/Last initial and last four of SSN
- » Enter your password: Last 6 digits of SSN/TIN

## Increase your income

With commission rates dropping on most major medical sales, you need a way to make sure your income stays strong. Add our limited-medical, short term, and supplemental coverage plans to your portfolio and help customers get more coverage while you increase your earnings.

**NOTE:** If you assign commissions to your agency, then you should log in with your Agency's NPN and the last 6 numbers of TIN to view commission statements.

**LIST BILL:** Commissions are not paid until premium has been collected. Premium is collected on the 15th of the month.

# Products and Marketing

## Products underwritten by Time Insurance Company include:

- Cancer and Heart/Stroke\*
- Critical Illness - Term Life<sup>1</sup>
- Plan Enhancer<sup>2</sup>

## Products underwritten by National Health Insurance Company include:

- Accident Fixed-Benefit
- AcciMED
- Cancer and Heart/Stroke
- Dental Indemnity
- Dental PPO
- Hospital Expense Protection
- Medicare Supplement Insurance
- National General Foundation Health
- Plan Enhancer
- Short Term Care
- Short Term Medical
- Term Life - Critical Illness
- Term Life Insurance
- TrioMED
- VitalGuard



### Exceptions:

- » In the state of Florida, these products are underwritten by Integon Indemnity Corporation
- » In the states of Colorado, Connecticut and New York, these products are underwritten by Integon National Insurance Company

- \* Cancer and Heart/Stroke is underwritten by Time Insurance Company in FL, NC.
- <sup>1</sup> Critical Illness Term-Life is underwritten by Time Insurance Company in FL, IL, NC.
- <sup>2</sup> Plan Enhancer is underwritten by Time Insurance Company in TX.

## National General Accident & Health Advertising, Promotions and Marketing Policy

NATIONAL GENERAL ACCIDENT AND HEALTH is committed to assuring that advertising and sales promotion materials for NatGen products are clear as to the purpose, and truthful and fair as to the content and presentation.

To ensure advertising, promotion and marketing clarity for any advertising materials, whether created by our home office staff or by other marketers, you must have written approval from National General Accident & Health's Legal and Compliance and Marketing Departments prior to use.

Always refer to your agent agreement for details regarding advertising best practices and work with your NatGen sales representative to acquire all appropriate approvals.

## Ready to use Marketing Materials

Marketing materials and product brochures can be found on our carrier website [www.ngah-ngic.com](http://www.ngah-ngic.com).

## How to get started with List Bill

List Bill Account Agreements can be found on our carrier web site [www.ngah-ngic.com](http://www.ngah-ngic.com) under Agents > Agent tools.

- The form must be completed by you and your List Bill client, then submitted to [NGAHLlistBill@ngic.com](mailto:NGAHLlistBill@ngic.com)
- Once an account is set up, you are provided a List Bill account number. This number will be required in the shopping cart within the Coverage Builder tool
  - » In the Shopping Cart, select the "Group Arrangement ID" box
  - » Select "Enroll Now"
  - » A pop-up will appear. Enter the List Bill account number
- From there, all you have to do is submit the applications and the rest is handled by us
  - » Please note, this option is not available with the "Create a Proposal" option

*List Bill plans are only allowed to have effective dates on the first of the month. Premiums are drafted on the 15th of that same month. ACH bank draft is the only accepted method of payment.*



# Quoting and Enrolling

You can quote our products and complete the enrollment process on our online quoting platform NatGen Coverage Builder.

Register at <https://quote.nationalgeneral.com/Quotit/Apps/NatgenUsersSetup>.

## Product effective dates and policy issue requirements

All products are subject to pre-existing condition limitations and exclusions, and/or first ever diagnosis.

Product	Available effective dates	Standard or Guaranteed Issue
STM Standard Issue	Any day of the month	Requires Health Eligibility questions
STM Guaranteed Issue	Any day of the month	Guaranteed issue
National General Foundation Health	Any day of the month	Requires Health Eligibility questions
Accident Fixed-Benefit	Any day of the month	Guaranteed issue
AcciMED	First or the 15th*	Guaranteed issue
Plan Enhancer <ul style="list-style-type: none"> <li>Accident Medical Expense</li> <li>Accident Medical Expense with optional Cancer and Heart/Stroke or Sickness Hospitalization riders</li> </ul>	Any day of the month	<p>The Accident Medical Expense policy and Accident Medical Expense with the Cancer Heart/Stroke rider are guaranteed issue.</p> <p>The Accident Medical Expense policy with the Sickness Hospitalization rider requires Health Eligibility questions</p>
Cancer and Heart/Stroke	Any day of the month	Requires Health Eligibility questions
Critical Illness - Term Life	Any day of the month	Requires Health Eligibility questions
Dental Indemnity	Any day of the month	Guaranteed issue
Dental PPO	Any day of the month	Guaranteed issue
Hospital Expense Protection	Any day of the month	Requires Health Eligibility questions
TrioMED	Any day of the month	<p>\$2,500; \$5,000 and \$10,000 options - Guaranteed issue</p> <p>\$15,000 and \$30,000 critical-illness options - Requires Health Eligibility questions</p>
VitalGuard	First or the 15th*	Guaranteed issue
List Bill	First of the month	Not applicable

\* Must apply by the 25th of the month for a first of the month effective date, and by the ninth of the month for a 15th of the month effective date

# Short Term Medical Details by State

STATE	Association or Individual	Policy Duration	↑	○	U
AK	×	×			
AL	Association (R)	12 months	↑		
AR	Association (R)	12 months	↑		
AZ	Association (R)	6 months		○	
CA	×	×			
CO	Individual (O)	6 months <sup>1</sup>		○	U
CT*	Individual (O)	6 months <sup>2</sup>			U
DC	Association (R)	12 months	↑		
DE	×	×			
FL	Association (R)	12 months	↑		
GA	Association (R)	12 months	↑		
HI	×	×			
IA	Individual	12 months	↑		
ID	Association (R)	12 months <sup>3</sup>	↑		U
IL	Association (R)	12 months	↑		
IN	Association (R)	3 months	↑	○	
KS	Individual	12 months <sup>4</sup>	↑		U
KY	Association (R)	12 months	↑		
LA	Association (R)	12 months	↑		
MA	×	×			
MD	Individual (O)	3 months <sup>8</sup>	↑		U
ME	×	×			
MI	×	×			
MO	Individual (O)	6 months		○	
MN	×	×			
MS	Association (R)	12 months	↑		
MT	Individual	6 months			
NC	Association (R)	12 months	↑		
ND	×	×			
NE	×	×			
NH	×	×			
NJ	×	×			
NM	Individual (O)	12 months	↑		
NV	Association (R)	6 months <sup>5</sup>			U
NY	×	×			
OH	Association (R)	12 months	↑		
OK	Association (R)	6 months		○	
OR	Individual (O)	3 months <sup>6</sup>			U
PA	Association (R)	12 months	↑		
RI	×	×			
SC	Association (R)	11 months			
SD	Individual (O)	12 months <sup>8</sup>	↑		U
TN	Association (R)	12 months <sup>7</sup>	↑		U
TX	Association (R)	12 months	↑		
UT	Individual	6 months		○	
VA	Association (R)	12 months	↑		
VT	×	×			
WA	×	×			
WI	Individual	12 months <sup>9</sup>	↑		U
WV	Association (R)	12 months	↑		
WY	Association (R)	6 months		○	

- ↑ Coverage is equal to no more than the duration minus one day.
- Ability to purchase consecutive 3-month or 6-month plans is available
- U Has STM rewrite rules
- × No Sell State
- (R) Association Required
- (O) Association Optional

\*Sales in CT are not available for Jan. 1, 2019, and later effective dates.

1 Colorado Rewrite Limits - A maximum of 2 plans with any carrier in 12 months before a 6 month gap is required for another STM plan.

2 Connecticut Rewrite Limits - Limited to 1 STM plan. No Rewrites allowed.

3 Idaho Rewrite Limits - Limited to 1 STM plan. No Rewrites allowed. Must wait 64 days before reapplying.

4 Kansas Rewrite Limits - Limited to 1 Rewrite.

5 Nevada Rewrite Limits - Limited to 185 days of STM coverage with Us in any 365 day period. 185 days of coverage does not need to be consecutive.

6 Oregon Rewrite Limits - The applicant must wait 60 days from the last day of coverage before reapplying.

7 Tennessee Rewrite Limits - The applicant must wait 30 days from the last day of coverage before reapplying.

8 Maryland and South Dakota Rewrite Limits - Requires 63 day gap in coverage from any health insurance plan to obtain a NGAH STM policy.

9 Wisconsin Rewrite Limits - Requires 63 day gap in coverage from a NGAH STM plan in order to obtain another NGAH STM policy.

# Member Eligibility

## Enrollment age requirements by product

NOTE: For child-only plan submission, please list the youngest applicant as the primary.

Product	Initial enrollment age:	Age coverage ends:**
Short Term Medical	Primary: 60 days through 64 years Spouse/Domestic Partner: 14 years through 64 years Dependent child: 60 days through 25 years*	Primary/Spouse/Domestic Partner: At 65 years of age Dependents: At 26 years of age
STM Guaranteed Issue	Primary: 60 days through 64 years Spouse/Domestic Partner: 14 years through 64 years Dependent child: 60 days through 25 years*	Primary/Spouse/Domestic Partner: At 65 years of age Dependents: At 26 years of age
AcciMED, TrioMED, and VitalGuard Accident Fixed-Benefit (AFB)	Primary: 18 years through 64 years Spouse/Domestic Partner: 18 years through 64 years Dependent child: Birth through 25 years*	Primary/Spouse/Domestic Partner: <ul style="list-style-type: none"> <li>• AcciMED/TrioMED - Accident Medical Expense: 65 years of age</li> <li>• VitalGuard/TrioMED - Critical Illness: 70 years of age</li> </ul> Dependents: at 26 years of age <b>NOTE:</b> AFB plans are renewable for life
National General Foundation Health Hospital Expense Protection	Primary: 18 years through 64 years Spouse/Domestic Partner: 18 years through 64 years Dependent child: Birth through 25 years*	Primary/Spouse/Domestic Partner: At 65 years of age Dependents: At 26 years of age
Plan Enhancer (Accident Medical Expense [AME] coverage only and AME with optional Cancer and Heart/Stroke [CHS] and Sickness Hospitalization [SIP] riders)	<b>AME coverage only</b> Primary: Birth through 64 years Spouse/Domestic Partner: 14 years through 64 years Dependent child: Birth through 25 years*  <b>AME with CHS/SIP riders</b> Primary and Spouse/Domestic Partner: 18 years through 64 years Dependent child: Birth through 25 years*	<b>AME Coverage only</b> Primary/Spouse/Domestic Partner: At 75 years of age Dependents: At 26 years of age  <b>AME with CHS/SIP riders</b> Primary/Spouse/Domestic Partner: At 65 years of age Dependents: At 26 years of age
Critical Illness - Term Life	Primary and Spouse/Domestic Partner: 18 years through 60 years No Child Coverage	Primary/Spouse/Domestic Partner To end of term or <ul style="list-style-type: none"> <li>• Term Life at 85 years of age</li> <li>• Critical Illness at 65 years of age</li> </ul>
Term Life Only	Primary and Spouse/Domestic Partner: 18 years through 64 years No Child Coverage	Primary/Spouse/Domestic Partner To end of term or <ul style="list-style-type: none"> <li>• Term Life at 85 years of age</li> </ul>
Cancer and Heart/Stroke	Primary and Spouse/Domestic Partner: 18 years through 64 years Dependent Child: Birth through 25 years*	Primary/Spouse/Domestic Partner: At 75 years of age Dependents: At 26 years of age
Dental Indemnity	Primary and Spouse/Domestic Partner: <ul style="list-style-type: none"> <li>• Primary: Birth through 70 years***</li> <li>• Spouse: 14 years through 70 years</li> <li>• Dependent child: Birth through 25 years*</li> <li>• 64 years in MD, MA, NJ, NC, OH, SD, UT</li> </ul>	Primary and Spouse/Domestic Partner: <ul style="list-style-type: none"> <li>• At age 70 in : MD, MA, NJ, NC, OH, SD, UT</li> <li>• At age 75: All other dental states</li> <li>• Dependents: At 26 years of age</li> </ul>
Dental PPO	Primary and Spouse/Domestic Partner: 18 years through 74 years <ul style="list-style-type: none"> <li>• Dependents: Unmarried children 25 years* (may vary by state)</li> </ul>	Primary/Spouse/Domestic Partner: at 85 years of age <ul style="list-style-type: none"> <li>• Dependents: at 26 years of age</li> </ul>

All applicants must legally reside in the United States.

\* In IL, Dependent Child age is through age 29. | \*\* Members must call member services to have dependents removed when they reach the age coverage ends

\*\*\* Dental enrollment age through age 94 in the following states: AK, AL, AR, CA, CT, DC, FL, GA, IA, KS, NC, PA and TX.

# L.I.F.E. Association

## Memberships

Many products are issued on an Association Contract and are only available through a LIFE Association Membership.

- LIFE Association Memberships vary by product:
  - » Dental PPO is available through the Select level
  - » TrioMED and AcciMED are available through the Preferred level
  - » Short Term Medical, National General Foundation Health, and Hospital Expense Protection are available through the Prime/Sterling levels
- LIFE Association Memberships are always billed separately from the insurance premium, except when sold with TrioMED when the membership fees are billed with the insurance premium
- Memberships continue after the insurance policy terminates. Memberships must be canceled separately by calling our member services team. If the member has other products that were purchased through the Association membership they must keep an active membership
- LIFE Association memberships are also available as stand-alone products.  
Call 888-781-0585 for more information

*LIFE Association Memberships are optional in:  
Colorado, Connecticut, Maryland, Missouri, New Mexico,  
Oregon, and South Dakota*

*LIFE Association Memberships are not available in:  
Iowa, Kansas, Maine, Montana, Utah or Wisconsin*

LIFE Association is a not-for-profit, members-only organization which provides you with lifestyle-related benefits and discounts.

LIFE Association Membership benefits may vary by state.

Lifestyle and wellness benefits and discounts are not insurance. Your agent and National General Accident & Health may receive financial compensation in connection with membership fees.



# Application Submission

## How to submit an application

In Coverage Builder you have two options available to you when it comes to submitting your clients' applications.

First you can work directly with them, face-to-face, and submit the application by clicking the **Enroll Now** button at the bottom of the **Plans in Cart** column on the quoting page.

After you click **Enroll Now**,

- Enter your client's information
- Answer any underwriting questions with your client
- Fill out beneficiary information
- Add a payment method

Once you finish providing the necessary information, you'll land on a Summary page. Click **Continue** and your applicant will receive an email from Coverage Builder with the Subject: Application Pending Signature.

- » Instruct the applicant to go to their email inbox to open the email
- » Within the body of the email, ask the applicant to click the link titled **Complete Online Application**
- » Follow the instructions in quoting. The applicant will need to review, attest to their purchase, and provide their e-signature prior to the application being submitted
- » The applicant will land on a Thank You page confirming that their application has been submitted to us for issuance
- » Upon submission for a signature, your client will receive a Welcome email instructing them to register for MyNatGen.com

## How to email a proposal

To email a proposal, first click the **Create Proposal** button at the bottom of the **Plans in Cart** column at the bottom of the quoting page. Then, click **Email Report** to generate a self-populating email containing the proposal. **Coverage Builder** will generate the proposal and create an email for you to send to your client.

They can view the items in the cart as well as the premiums due. All they have to do to finish the application is click **Check Out** at the bottom of the emailed proposal.

When clients self-enroll, they complete the Application and Billing Authorization as part of the application process. They do not need to complete it again.

For questions or system issues, please call NatGen Coverage Builder Support at 833-870-6137 or email to CoverageBuilderSupport@NGIC.com

**Your clients can access ID cards and their policy documents at MyNatGen.**



# Billing

Initial premium and LIFE Membership dues are drafted upon submission of the application, regardless of the plan's effective date.

**Available payment methods include:**

- ACH Bank Draft
- Credit Card (*Visa, Mastercard, or Discover*)

**Cash and checks are not accepted forms of payment.**

## Subsequent Payments

1. **Subsequent premium payments will be withdrawn monthly** from the customer's account approximately five business days prior to each plan's corresponding effective day.
  - » For example: If the applicant requests an effective date of Jan. 15, 2017, the subsequent withdrawal dates will be Feb. 10, 2017, Mar. 10, 2017, Apr. 10, 2017, and so on
2. **If your client selected the one time payment option for Short Term Medical**, the full term's premium will be drafted at time of submission of application, regardless of the plan's effective date

**Charges on clients' bank statements will appear as:**

- » TIC Products and NHIC Products - NGIC 888-781-0585
- » TIC Products [sold prior to 9/15/16] - NATIONAL GENERAL 866-387-0484 NY

**Charges on clients' credit card statements will appear as:**

National General  
888-781-0585

## Policy lapses

All plans are entitled to a 31 day grace period. The grace period begins the day after the plan's premium due date and ends 31 days after the due date.

## Failed billing attempts on subsequent payments

Failed credit card draft: National General will attempt to draft again every Friday for the duration of the grace period of 31 days

- » If we are still unable to process payment, coverage will be canceled back to the last paid-through date

Failed ACH draft: The client must call Member Services to provide valid billing information

- » If we do not receive valid billing information, coverage will be canceled back to the last paid-through date

Customer notifications

- » When payments are declined, National General will notify the insured via email
- » The agent of record is CC'd on the email communication

## Policy cancellation notice requirements:

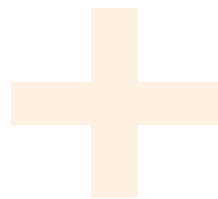
Members should call to cancel their plan. Once we receive notice, we will cancel as of their paid-to date for that coverage period.

For example, if the plan has an active date of the first of the month and the member calls to cancel on the 28th, we will cancel the plan on the last day of the current month.

Please note, any claims submitted for services received after the cancellation date will not be processed.

### Remind your clients:

If you sell our plans with other carriers' plans, your customers must call us directly to cancel National General Accident & Health plans.



# What to expect after the sale

## ID Cards

### Short Term Medical, Dental PPO, Dental Indemnity, and National General Foundation Health plans:

Your client will have access to their ID cards on MyNatGen.com.

- » Temporary ID cards will be available right away and can be downloaded and used until the permanent ID cards arrive in the mail
- » Permanent ID cards should arrive in the mail in about five to seven business days from the time of submission

NOTE: This is your clients Medical ID card, remind your clients to always present the Medical ID card

## Policy fulfillment

During the application process, providing your client's email address means that your client agrees to receive their policy, and/or certificate of issuance, and other correspondence electronically.

If the applicant prefers to have the policy mailed, please call us at 888-781-0585. If paper delivery is requested, policy packets will arrive via USPS within seven business days from time of request.

NOTE: All other plan administration correspondence will be sent to the email address provided at time of application.

### Email Requirements

- » All applicants are required to provide a valid email at time of application. If your client does not have an active email address they cannot apply for coverage with us.
- » In these instances, we recommend your clients create an email address with a valid email service provider. It's important to provide a valid email address. All customer communications are sent to the email address provided on the application.

Your client can access their policy documents on MyNatGen.com 24 to 48 hours after their signature is submitted.

All active members, whether or not they choose electronic delivery, will have access to view their policy documents at [MyNatGen.com](https://MyNatGen.com).

### The convenience of electronic documents

- » Policy documents are accessible whenever customers need them
- » Customers can view them at their convenience
- » They can save and print them based on their needs

# Retention department

## Our Retention department helps you retain your business

Sometimes, whether or not a client decides to keep their plan is out of your control. Luckily, our Retention department is here to help.

When a client calls in to cancel, our team spends time with the client reinforcing the value of their NatGen plan. We look to keep your business on the books longer and keep your business going strong.

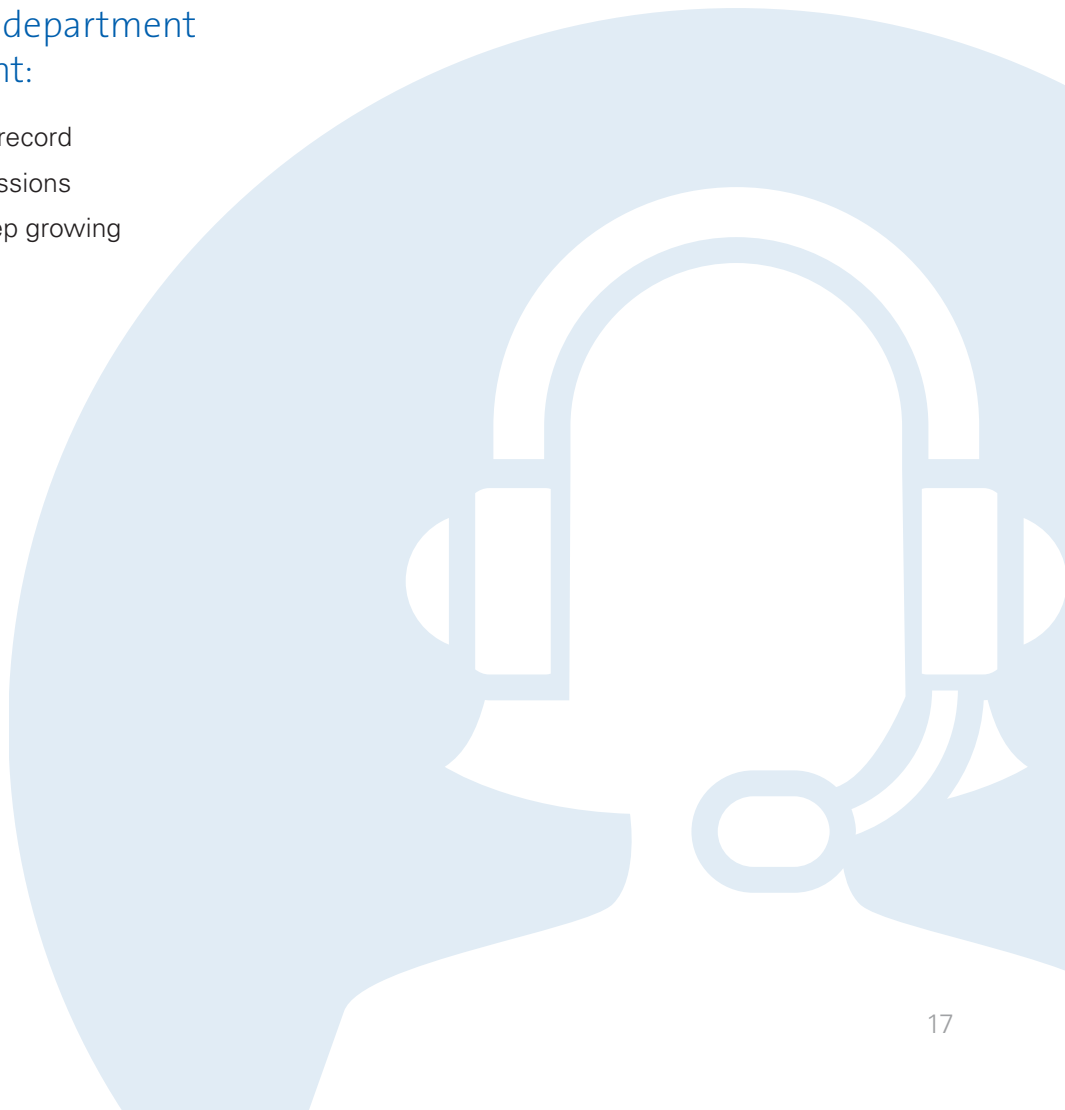
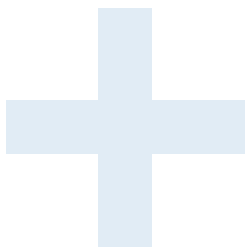
## Our Retention department:

- » Utilizes highly trained and licensed agents
- » Offers their expansive knowledge of systems and processes to help your clients find providers, add and remove members, and make the most out of their benefits

**The Retention department also handles Short Term Medical rewrites and rewrites for all other supplemental products.**

## When our Retention department works with your client:

- » You remain the Agent of record
- » You earn your full commissions
- » You get more time to keep growing your block of business



# L.I.F.E. Association Membership

For plans sold through the LIFE Association, about five days following the plan's effective date, your client will receive an email from [memberservices@nhicadmin.com](mailto:memberservices@nhicadmin.com) with a membership-specific URL. This email includes information regarding how to access the LIFE Association Membership website and includes copies of their LIFE Membership cards.

Please note, LIFE Association membership programs and services vary by state and membership level. Not all programs and services are available to all members or in all states. If your clients have questions about their LIFE membership, they should call the number on their LIFE Membership card.

The link provided in the email is also where your clients will go to register for Telemed for LIFE, WellCard Savings card and get access to LIFE Association member programs and discounts.

NOTE: Applicants will need to wait 48 hours from the time of submission before they can log in to register for LIFE association programs

## Registering for Telemed for LIFE

- Members should log on to the website listed on their Member ID card and complete a Member Profile
- Members may then **call 866-500-7065** to schedule a consultation with a state-licensed, fully credentialed doctor

## Registering for WellCard Savings card

- Clients should click on the WellCard Savings card image on the LIFE home page
  - » Then, they must complete the online registration form
- Upon registration, an email will be sent from WellCard Savings
  - » The email includes the WellCard member cards
  - » The WellCard Savings member cards must be presented at participating pharmacies to receive the discounted pricing

This plan is NOT insurance. It is a discount medical program. Payment must be made at time of service. This program is powered by Access One Consumer Health, Inc. (not affiliated with AccessOne Medcard <http://www.accessonedmpo.com/>). Void where prohibited by law.

NOTE: The LIFE Association membership will not terminate when the policy terminates. Remind clients that they must call to cancel their LIFE membership if they no longer want it after their policy termination and/or expiration date.



# Policy Administration

## Member Portal: MyNatGen.com

After your client has registered on [www.mynatgen.com](http://www.mynatgen.com), your client will have access to the Member Portal to:

- » View or download all policy documents
- » Print their ID cards for Short Term Medical, Dental, and National General Foundation Health plans
- » Get answers to frequently asked questions
- » Locate a provider; if applicable to the plan your client purchased

## Premium changes

If National General makes any changes to a customer's monthly premium amount, the customer will be notified of the new amount and the reason for the change. Email notifications are sent to the email address on record.

## Policy cancellations

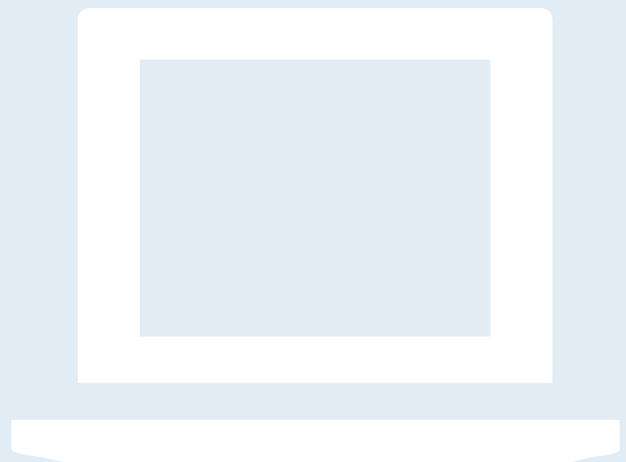
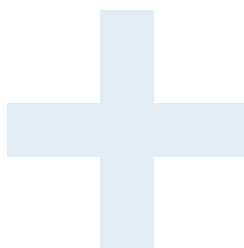
Supplemental Policies can be canceled in the first 30 days for a full refund.

Short Term Medical policies can be canceled in the first 10 days for a full refund.

If a member calls to cancel their plan after the free look period, we will cancel as of their paid-to date for that coverage period. For example, if the plan has an active date of the first of the month and the member calls to cancel on the 28th, we will cancel the plan on the last day of the current month.

Please note, any claims submitted for services received after the cancellation date will not be processed.

**Important Information:** If members have more than one policy with us and/or a LIFE Association Membership, they must cancel each plan individually or be specific about which plan(s) they want to cancel. We are not responsible for canceling coverage that was not issued by Time Insurance Company, National Health Insurance Company, Integon National Insurance Company, or Integon Indemnity Corporation.



## Rules for adding and removing dependents

Product	Adding Dependents	Removing Dependents
Short Term Medical	New members must apply for their own policy	Removal of dependents is allowed
National General Foundation Health	New members must apply for their own policy	Removal of dependents is allowed
Dental PPO, Dental Indemnity, Accident Medical Expense, Accident Fixed-Benefit, Cancer and Heart/Stroke	New members must apply for their own policy	Removal of dependents is allowed
TrioMED/AcciMED	New members must apply for their own policy	Primary must reapply for coverage to include all requested dependents

### Adding a Newborn or Adopted Child to Short Term Medical, National General Foundation Health, Hospital Expense Protection, and Plan Enhancer with Sickness Hospitalization plans

For most products the Primary Insured, Covered Spouse or Agent can request to have a Newborn or Adopted Child added to the policy by contacting member services. Members have 31 days from date of birth or adoption to request the dependent be added to the policy.

NOTE: All applicants are required to answer the following question during the initial enrollment process:

- » Are you or any applicant now pregnant, an expectant father, in process of adoption, or undergoing infertility treatment?

Upon receiving a request to add a Newborn or Adopted Child, customers may be asked the following questions:

- » When did you find out that you were pregnant or an expectant father?

The Newborn child will be added to the policy, however claims may be held for review based upon the child's birth date relative to your policy effective date.

If it's found the applicant was pregnant or an expectant father at the time in which the applicant applied, the newborn won't be added and there is a possibility that the primary insured may be removed from the policy, back to the initial effective date.

### Dependent HIPAA regulations

Parents must complete and submit a standard HIPAA form to US or our TPAs prior to releasing any medical information. Parents can download a HIPAA form at [www.ngah-ngic.com](http://www.ngah-ngic.com) under the "Member Forms" tab.

## Outline of coverage guidelines

Some states have a legal requirement to provide the state approved Outline of Coverage to the applicant at the point of sale. It is the agent's responsibility to make sure the applicant is provided with the Outline of Coverage, when required.

The Coverage Builder platform provides a link to the Outline of Coverage allowing the agent to email the document to the applicant.

Product	States in which agents must provide an outline of coverage to the applicant at point of sale
Accident Fixed-Benefit	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Idaho, Illinois, Indiana, Iowa, Hawaii, Kansas, Kentucky, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, West Virginia, Wisconsin and Wyoming
Cancer and Heart/Stroke	Alaska, Arizona, Arkansas, Illinois, Iowa, Kansas, Louisiana, Montana, Nevada, Oklahoma, Oregon, South Carolina, Texas, West Virginia, Wisconsin and Wyoming
Dental Indemnity	Alabama, Arizona, California, Connecticut, Florida, Georgia, Illinois, Iowa and Pennsylvania
Dental PPO	Georgia, Idaho, Illinois, Massachusetts and Missouri
Plan Enhancer: AME Only and AME with Optional Rider(s)	Arkansas, California, Colorado, Delaware, District of Columbia, Georgia, Iowa, Illinois, Kansas, Louisiana, Maine, Michigan, Montana, Nevada, North Dakota, Oklahoma, Oregon, South Carolina, Tennessee, Utah, West Virginia, Wisconsin and Wyoming
National General Foundation Health and Hospital Expense Protection	Idaho
Short Term Medical	Kansas
Critical Illness - Term Life TrioMED AcciMED Vital Guard	Not required

## Replacement Guidelines

If existing accident/health coverage must be replaced, the following states require that a replacement form be completed and submitted with the application. A copy of the completed replacement form should be left with the applicant. It is your responsibility to provide the form to the applicant.

A copy of the completed replacement form should be completed by the applicant and mailed to us. NatGen Coverage Builder provides a link to the Replacement Notice allowing you to email the document to the applicant.

Product	Replacement form States
Accident Fixed-Benefit	Iowa, Maine, Rhode Island, Utah and West Virginia
Cancer and Heart/Stroke	Arkansas, Colorado, Illinois, Iowa, Kansas, Oklahoma, Oregon, South Carolina, Texas, West Virginia, Wisconsin and Wyoming
Critical Illness - Term Life	No replacement is allowed
Dental Indemnity	Arkansas, Connecticut, Florida, Illinois, Iowa, Pennsylvania and Texas
Plan Enhancer: AME Only and AME with Optional Rider(s)	Arkansas, Colorado, Delaware, Illinois, Iowa, Maine, Oklahoma, South Carolina, West Virginia and Wisconsin
Short Term Medical	Utah
AcciMED, TrioMED, VitalGuard, National General Foundation Health, Hospital Expense Protection and Dental PPO	No replacement forms required

# Claims

## It may take up to a week to process new policies into the claims systems

Agents will have access to information such as the claims status and, if applicable, the claims paid date by calling the claims' Third Party Administrators (TPAs). Please note, certain information about your client's claim is protected by law.

## Supplemental Claims

Supplemental claims payments are generally made to the policyholder to help offset the cost of services or events in their lives. For your customer to receive claim payments, they will have to submit a completed claim form with all required information. Additional information may be needed depending on each individual case. Failing to submit all of the needed information will result in a delay in the claims processing.

Claims may be pended for investigation as to whether the pre-existing exclusion applies and/or whether the policyholder made material misrepresentations at the time of application.

## Accident Fixed-Benefit Claims

Please make sure your customer begins the claims process soon after treatment begins or it may impact the payment of their claims. Remember, many of the benefits require treatment within 30 days of the accident. Since this product has many recovery benefits, the customer may send in multiple claim forms related to the original accident. This will ensure the process is started immediately and also enable the customer to begin receiving the cash benefits as quickly as possible.

## Plan Enhancer Claims

Please make sure your customer begins the claims process soon after treatment begins or it may impact the payment of their claims. Remember, benefits require treatment within 30 days of the accident. To submit a claim on an Accident Medical Expense plan, your customer should include their Explanation of Benefits (EOB) from the medical insurance carrier along with a completed Accident Medical Expense claim form. If your customer does not have other coverage, they must submit itemized bills with the Accident Medical Expense claim form.

### **Plan Enhancer: Sickness Hospitalization (SIP) rider claims**

Please make sure your customer begins the claims process right after discharge from the Inpatient Hospital Admission or it may impact the payment of their claims. Remember, the SIP rider only pays benefits for inpatient hospital admission due to a sickness as defined in the policy. To submit a claim on the SIP rider, customers should send the itemized bill, including the diagnosis and procedure codes from the facility, along with a completed Sickness Hospitalization claim form. Additional information may be required in some cases.

## Cancer and Heart/Stroke Claims

For a Cancer and Heart/Stroke claim, the customer and physician will need to complete the Critical Illness claim form and provide medical details. Additional information may be requested by us depending on each individual case. Use this form for both Cancer and Heart/Stroke policies and Plan Enhancer's Cancer and Heart/Stroke rider.



## Critical Illness -Term Life and Term Life Insurance Claims

The critical illness benefits are coupled with a life insurance policy. Therefore, there are two possible types of claims for this product. For a life claim, we will need a certified copy of the death certificate accompanying the Loss of Life claim form. For a critical illness claim, the customer will need to complete the Critical Illness claim form and provide medical detail, which may include medical records. Additional information may be requested depending on each individual case.

## Dental Indemnity and PPO Claims

Dental claims can be paid to the provider, and most often are, if the dental office and the policyholder agree to assign benefits. When dental benefits are assigned to the dentist, the dental office will submit the claim and payment will be made directly to the provider.

*NOTE: If the customer prefers to receive the benefits directly, or the dental office does not accept an assignment of benefits, they can submit the bill or statement from the dentist, including the procedure codes and other pertinent details about the treatment. Also, the customer must include the policy number, the name of the Primary insured and the name of the insured treated. The address for submission of the claim can be found on the back of their ID card.*

## Hospital Expense Protection

The Hospital Expense Protection plan is a supplemental limited-medical plan with benefits for inpatient hospital admissions and other medical expenses depending on the level of coverage selected. Hospital Expense Protection claims are paid directly to the policyholder. The policyholder is required to submit the Fixed-Benefit Medical claim form and follow the directions to get the claim processed. These benefits will be paid to the insured and are not dependent on other coverage the person may have. Please instruct your client to submit these claims as soon as possible after receiving services. The contract requires the claim to be submitted within 90 days of the covered loss.

## National General Foundation Health

National General Foundation Health (NGFH) is a limited-medical plan with fixed benefits for office visits, labs, outpatient services, and other medical expenses.

The insured should always present their ID card at time of service. NGFH claims can be paid to the provider, and most often are, if the provider and policyholder agree to assign benefits. In most cases, in order to get the network discount it is required that the insured assign the benefits.

- » If an insured must file their own NGFH claim, please direct them to the Fixed-Benefit Medical Claim Form on [NGAH-NGIC.com](http://NGAH-NGIC.com) and follow the directions to get the claim processed

NOTE: The NGFH contract requires the claim to be submitted within 90 days of the covered loss.

## TrioMED, AcciMED and VitalGuard Claims

### Accident Medical Expense and Accidental Death and Dismemberment Claims

Please make sure your customer begins the claims process soon after treatment begins or it may impact the payment of their claims. To submit a claim on an Accident Medical Expense plan, your customer should include their Explanation of Benefits (EOB) from the medical insurance carrier along with a completed Accident Medical Expense claim form. If your customer does not have other coverage, they must submit itemized bills with the Accident Medical Expense claim form. Additional information may be needed depending on each individual case.

### Critical Illness Claims

The Critical Illness policy pays benefits based on three categories of serious illnesses. For the Critical Illness claim, the customer will need to complete the Critical Illness claim form and provide medical detail, which may include medical records.

## Short Term Medical Claims

The customer must present their ID card at time of service.

- » Claims are paid directly to the provider
- » If an insured must file their own Short Term Medical claim, they can call claims customer service at 866-596-5817 for instructions and claim forms

## Claim forms

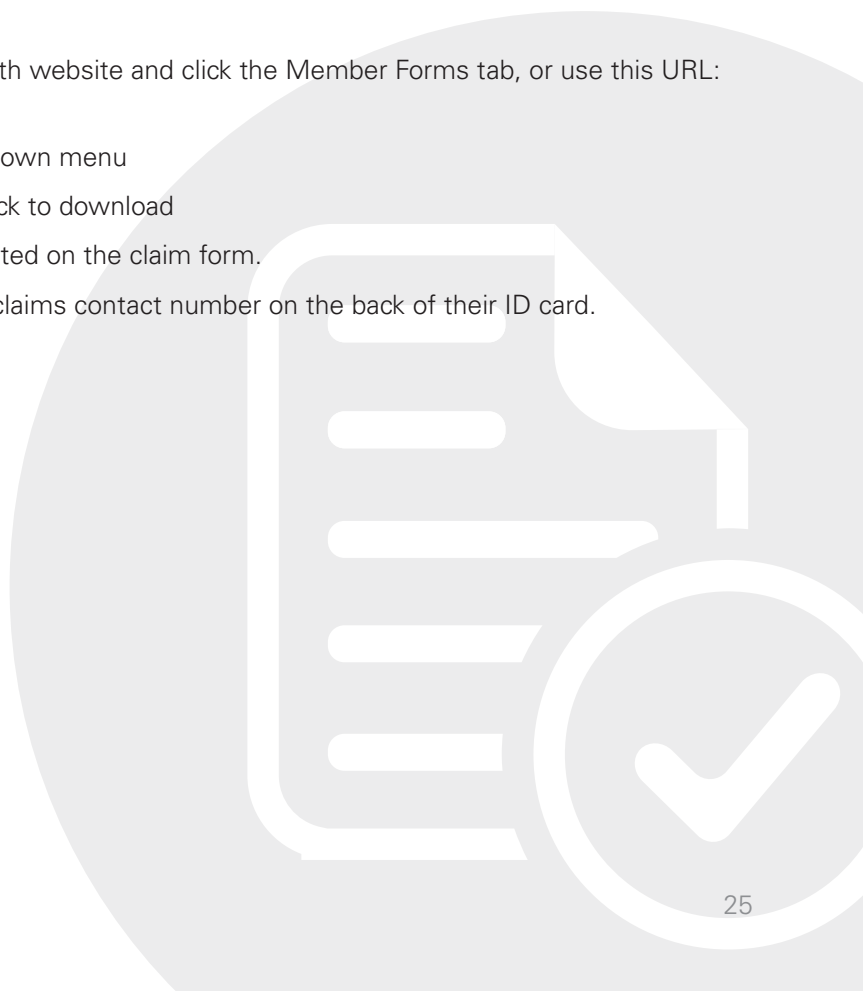
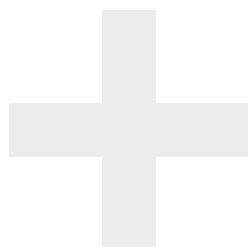
Please remind your client to read the instructions on the claim forms and submit the required information in order to expedite the processing of the claim.

To submit a claim, your client must:

- » Head to the National General Accident & Health website and click the Member Forms tab, or use this URL: <https://www.ngah-ngic.com/claims.php>
  - » Then, click on the Member Forms drop-down menu
  - » Select the appropriate claim form and click to download

Directions on where to submit the claim is indicated on the claim form.

Members can also call Member Services or the claims contact number on the back of their ID card.



# Contact Information

## National General Accident & Health Customer Service:

Phone: 888-781-0585

Email: [memberservices@nhicadmin.com](mailto:memberservices@nhicadmin.com)

## For benefits and claims inquiries for all supplemental plans, call **855-212-5014**.

*Supplemental claims are administered by Key Benefit Administrators.*

## For benefits and claims inquiries for all Short Term Medical plans, call **866-596-5817**.

*Short Term Medical claims are administered by Meritain™ Health, an Aetna Company.*

## For customer service for Time Insurance Company plans sold prior to October 1, 2016:

Phone: 866-387-0484

Fax: 844-279-1983

Email: [TimeInsurance@actmanre.com](mailto:TimeInsurance@actmanre.com)

## Mail all inquiries to:

National General Accident & Health

P.O. BOX 1070

Winston-Salem, NC 27102-1070

**For Short Term Medical, National General Foundation Health, and Dental PPO plans, customers should refer to the back of their ID cards to locate network providers.**

# Important Information

## Fair Credit Reporting Act

Federal law requires that a notice be given to any Applicant experiencing adverse action. The notice states that a consumer report was reviewed as part of the enrollment process.

## Notice of Insurance Information Practices

To issue an insurance plan, National General Accident & Health needs to obtain information about the people proposed for insurance. Some of this information will come from the application, and some will come from other sources.

All information collected by National General Accident & Health may, in certain circumstances, be disclosed to third parties without the proposed insured's specific authorization. The proposed insured has the right to access and correct collected information that may relate to a claim or civil criminal proceeding. The notice is part of the application/enrollment form for insurance.

## HIPAA Privacy

As a business associate of National General Accident & Health, and as a representative working on behalf of each applicant, it is your responsibility to protect the confidential information you collect. Health Insurance Portability and Accountability Act (HIPAA) privacy and security regulations require that you, as a business associate, have physical, administrative and technical safeguards in place to protect this information.

Please refer to the National Health Insurance Company privacy notice found at [NGAH-NGIC.com](http://NGAH-NGIC.com) to understand how protected health information is handled at National General and how insureds can exercise their individual rights under HIPAA. Please contact the National General Privacy Office immediately if you are aware of any breach of protected health information.

## Important Information for You and Your Client

National General relies on your client's answers to the application questions, and these answers have a significant impact on their eligibility for a plan. Information that is not completely and accurately disclosed may result in plan rescission. If your client provided you with any health history information that would require a response of "yes" to a health question, you are required to disclose that information to us. The applicant must disclose his or her full and complete medical information; obtaining all the required authorizations at the time of application submissions is critical. Clients should contact National General if they think of any additional information that should have been disclosed.



National General Holdings Corp. (NGHC), headquartered in New York City, is a specialty personal lines insurance holding company. National General traces its roots to 1939, has a financial strength rating of A- (excellent) from A.M. Best, and provides personal and commercial automobile, homeowners, umbrella, recreational vehicle, motorcycle, lender-placed, supplemental health and other niche insurance products.

National General Accident & Health, a division of NGHC, is focused on providing supplemental and short-term coverage options to individuals, associations and groups. Products are underwritten by Time Insurance Company (est. in 1892), National Health Insurance Company (incorporated in 1965), Integon National Insurance Company (incorporated in 1987) and Integon Indemnity Corporation (incorporated in 1946). These four companies, together, are authorized to provide health insurance in all 50 states and the District of Columbia. National Health Insurance Company, Integon National Insurance Company and Integon Indemnity Corporation have been rated as A- (Excellent) by A.M. Best. Each underwriting company is financially responsible for its respective products.