



Employer Payor for Multiple Applicants*

Instructions and Forms

Alabama | Alaska | Arizona | Connecticut | District of Columbia
Florida | Georgia | Illinois | Indiana | Iowa | Kansas | Louisiana
Mississippi | Missouri | Nebraska | Nevada | New Jersey
New Mexico | North Dakota | Ohio | Oklahoma | Pennsylvania
South Carolina | Texas | Utah | Virginia | Wyoming

***For List Bill situations, use booklet 36749-G-0710.**

UnitedHealthOneSM is a brand representing a portfolio of insurance products offered to individuals and families through the UnitedHealthcare family of companies. Golden Rule Insurance Company, a UnitedHealthcare company, is the underwriter and administrator of these plans.

Employer Payor for Multiple Applicants Instructions

We allow multiple individual insureds to have an Employer collect and forward their premium payments to the insurer. It is a convenient way to pay for insurance coverage, even though each customer ultimately owns his or her own coverage.

It is NOT the same as employer-provided group insurance, because each individual insured is actually paying 100% of that person's own premium for coverage with funds that the individual could choose to use for other purposes. The Employer is simply facilitating payment of the individual's personal insurance premiums.

Setting Up Employer Payor Options

We will allow a single Payor to forward payments for multiple applicants via EFT or Direct Bill. Unlike a List Bill Account, these options **will not** provide a monthly detailed list of insureds and their premium amounts for the Payor.

Each applicant must:

- Read and sign an Employer Payor Agreement.
- Complete an insurance application, listing the Employer Payor in the Payor section.
- Ensure that the Payor completes the EFT form in the application packet, if selecting monthly EFT.

Employer Payor Agreement must also:

- Be read and signed by an authorized representative of the Employer.
- Provide the appropriate Payment Options information.
- Be verified by the producer.

E-Store Applications

You may:

- Submit the applications via E-Store.
- Select one of the other personal payment options.
- Until the Employer Payor Agreement is submitted and accepted by us, we will bill the applicant directly (or process a personal EFT, if selected).
- After coverage is issued, submit the Employer Payor Agreement for each Primary Insured.

Other Account Information

Additions to an Existing Payor Account

Each applicant must submit an insurance application, Employer Payor Agreement, and premium payment.

Each applicant will be underwritten on an individual basis. Remember, this is not like employer-provided insurance.

Terminations

The Payor cannot cancel an insured's coverage. However, the Payor can cease to facilitate payment for the coverage and notify us to bill the insured directly.

Activities Affecting the Premium

The following activities could change an individual insured's premium:

- Adding a dependent.
- Change of residence (new rating area).
- Changing coverage.
- Deleting a dependent.
- Changes to HSA funding (not applicable for Dental).
- New age category (not applicable for Dental).

Employer Payor Agreement Instructions

The Employer Payor Agreement form on the reverse side of this page is to be used whenever an applicant for insurance or an existing Primary Insured (hereinafter referred to as “Applicant”), wants to facilitate payment of insurance premiums, funds, fees, and dues related to applicant’s personal health insurance coverage with Golden Rule (“Payments”) by having an employer:

- (a) agree to act as Payor;
- (b) deduct the money from funds the employee could otherwise use for non-insurance purposes; and
- (c) pay Golden Rule or allow Golden Rule to deduct the payments from an employer account.

Both the Applicant and the Payor must sign and agree to abide by their respective terms in the Employer Payor Agreement.

This form must be used for any Employer Payor for Multiple Applicants billing option.

The Employer Payor must remove and keep the attached ERISA Safe Harbor Rule Requirements document, read it carefully, and abide by its terms.

This form and this process may only be used in the following states:

AK, AL, AZ, CT¹, DC, FL², GA³, IA, IL, IN, KS, LA, MO, MS, ND, NE⁴, NJ, NM, NV, OH⁵, OK, PA, SC, TX, UT, VA, WY

Submit this form to: Golden Rule Insurance Company
7440 Woodland Drive
Indianapolis, IN 46278-1719
ATTN: New Business
or FAX (801) 478-5460

¹Notice for Residents of Connecticut (health application only)

Applicant must be: A) A part-time employee; or B) Employed by an employer that has not provided group health coverage for the last six months.

²Notice for Residents of Florida (health application only)

Applicant must be: A) A part-time employee; or B) Employed by an employer that has not provided group health coverage for the last six months.

³Notice for Residents of Georgia (health application only)

In addition to the above instructions, each applicant must *also* read and sign an “Information Regarding Proposed Insured’s Non-Employer-Provided Health Certification” 716D-G-0710, included in this booklet.

⁴Notice for Residents of Nebraska (health application only)

In addition to the above instructions, each applicant must *also* read and sign an “Information Regarding Proposed Insured’s Non-Employer-Provided Health Certification” 716D-G-0710, included in this booklet.

⁵Notice for Residents of Ohio (health application only)

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(Please Tear Here)

Employer Payor Agreement

Applicant has designated his or her employer as "Payor" on the Application for Insurance. Applicant wants Golden Rule Insurance Company ("GRIC") to allow his or her employer ("Payor") to forward payment of all future premiums, funds, fees, and dues related to Applicant's personal health insurance coverage with Golden Rule ("Payments"). If GRIC agrees, the Applicant and Payor agree to the following:

APPLICANT

Applicant understands and agrees that:

- Applicant has made the voluntary decision to buy insurance from Golden Rule without any pressure from the Payor.
- Applicant is paying 100% of the insurance premium with funds the Applicant could choose to use for purposes other than insurance.
- Applicant is free to choose to make Payments directly to GRIC at any time. The form and timing of the Payments must meet GRIC's requirements.
- GRIC will have no liability due to the Payor's failure to honor Payments to GRIC, even if the Payor has received funds for the Payments from Applicant. However, if this occurs, Applicant will be notified and given a chance to make Payment and avoid a lapse (termination) of coverage.
- In the event of termination of this Agreement, GRIC will send future bills (on a direct quarterly basis) to the Applicant, unless written notification from the Applicant is received stating that cancellation of coverage is desired.
- The term "Applicant" may include an existing Primary Insured.

APPLICANT AND EMPLOYER PAYOR

Both Applicant and the Payor understand and agree that:

- This Agreement will not be effective unless and until GRIC accepts this Agreement and sets up the Payor as payor for Applicant.
- Applicant has designated the Payor as Applicant's agent to pay all premiums, funds, fees, and dues related to Applicant's personal health insurance coverage with GRIC (Payments).
- The personal health insurance coverage applied for is neither intended nor anticipated to be employer-sponsored health insurance coverage.
- The Payor will not contribute to any portion of the Applicant's Payments. All funds used to pay the premium must be funds that the Applicant could freely choose to use for purposes other than insurance.
- This Agreement may be terminated by any party upon giving 30-day prior written notice to the other two parties.
- Any refunds will be sent to the party who made the Payment to GRIC. Thus, refunds of payments paid by Payor will be sent to Payor, not directly to Applicant.

EMPLOYER PAYOR

Payor understands and agrees that:

- Payor cannot obtain information relating to the Applicant's insurance coverage other than the amount of the Applicant's Payments.
- Payor has no obligation to GRIC other than as stated in this agreement.
- Payor has received and read the ERISA Safe Harbor Rule Requirements document and agrees to abide by all the requirements set forth in that document.

PAYMENT OPTIONS:

Direct Bill

- Monthly (if available) (\$10 monthly fee, per application)
- Quarterly (\$10 quarterly fee, per application)

Or

Electronic Funds Transfer (EFT)

- (no fee; use EFT authorization below)
- Monthly
- Quarterly (existing customers only)

Notice for Residents of Connecticut and Florida (health application only)

Applicant must be: **A)** A part-time employee; or **B)** Employed by an employer that has not provided group health coverage for the last six months.

This is an important document. You should read it carefully and understand it before signing below.

PRODUCER VERIFICATION (if this form is for a new applicant)

I have read and understand the ERISA Safe Harbor Rule Requirements. I have left a copy of the Employer Payor for Multiple Applicants Instructions and Forms booklet with the Payor. To the best of my knowledge and belief, the Applicant and the Payor understand their respective terms of the above Agreement, and intend to abide by those terms. I personally agree not to do anything that would cause or encourage the Payor to violate the terms of the above Agreement.

 Producer Signature Date

 Applicant Name (Please Print)

 Applicant Signature Date

 Payor/Business Owner/Officer Signature and Title Date

 Payor/Business Full Name (Please Print)

 Payor/Business Street Address (Please Print)

 Payor/Business City, State, ZIP (Please Print)

Monthly Electronic Funds Transfer (EFT) Authorization

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

X _____
 Authorized Account Signature

Draft On _____
 Day Date Signed

 Financial Institution's Name

 Street Address

 City, State, ZIP

Type of Account: Checking Savings

 Nine-digit Routing No.

 Account No.

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

Employer Payor Agreement Instructions

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In addition to the above instructions, each applicant must *also* read and sign an “Information Regarding Proposed Insured’s Non-Employer-Provided Health Certification” 716D-G-0710, included in this booklet.

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APPLICANT

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- Applicant is paying 100% of the insurance premium with funds the Applicant could choose to use for purposes other than insurance.
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EMPLOYER PAYOR

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PAYMENT OPTIONS:

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 Producer Signature Date

 Applicant Name (Please Print)

 Applicant Signature Date

 Payor/Business Owner/Officer Signature and Title Date

 Payor/Business Full Name (Please Print)

 Payor/Business Street Address (Please Print)

 Payor/Business City, State, ZIP (Please Print)

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

X _____
 Authorized Account Signature
 Draft On _____
 Day Date Signed

 Financial Institution's Name

 Street Address

 City, State, ZIP

Type of Account: Checking Savings

 Nine-digit Routing No.

 Account No.

In Texas, drafts may only be scheduled:
 1) on the premium due date; or
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PAYMENT OPTIONS:

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 Producer Signature Date

 Applicant Name (Please Print)

 Applicant Signature Date

 Payor/Business Owner/Officer Signature and Title Date

 Payor/Business Full Name (Please Print)

 Payor/Business Street Address (Please Print)

 Payor/Business City, State, ZIP (Please Print)

Monthly Electronic Funds Transfer (EFT) Authorization

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X _____
 Authorized Account Signature

Draft On _____
 Day Date Signed

 Financial Institution's Name

 Street Address

 City, State, ZIP

Type of Account: Checking Savings

 Nine-digit Routing No.

 Account No.

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

ERISA Safe Harbor Rule Requirements

Federal and state laws treat health insurance in the employer group market very differently than personal health insurance in the individual market. An employer must avoid even the appearance that the personal health insurance that any of its employees buys in the individual market is somehow being provided as an employee benefit.

The key federal law is ERISA. If the employer provides, sponsors or endorses a personal health insurance plan, the plan becomes an employer group health plan. As such, it would become subject to all the same state and federal rules applicable to other employer-provided health insurance plans. Employers, particularly those who have chosen not to provide employer-provided health insurance, should not fall into this trap and inadvertently find themselves back in the health insurance business. Insurers in the individual market will not knowingly let their plans be used for employer-provided health insurance.

To avoid this result, the U.S. Department of Labor (“DOL”) has established a “Safe Harbor” rule for employers seeking to assist their employees without triggering ERISA plan status. The Safe Harbor rule specifically allows an employer to facilitate an insurance producer’s access to employees. It also specifically allows “list billing,” a practice whereby the employer takes money out of an employee’s pay and forwards it to insurance carriers.

Basically, the Safe Harbor rule requires that:

- 1) No contributions be made by the employer;
- 2) Employee participation in the insurance program be completely voluntary;
- 3) The employer does not endorse the arrangement and the employer’s role is limited to:
 - a) allowing the insurance producer or insurer to publicize the program to employees;
 - b) collecting premiums through payroll deductions and remitting premiums to the insurer; and
- 4) The employer receives no consideration, cash or otherwise, in connection with the insurance program, other than reasonable compensation for administrative services actually rendered in connection with payroll deductions.

To fall within the safe harbor, an arrangement must meet all four points. The second and fourth points are clear. The first point, regarding employer contributions would seem to be clear. However, where employees are free to choose whether to spend certain funds for purposes other than insurance, there may be a question whether these funds are an employer’s contribution for insurance. You should discuss this with your attorney. With regard to the third point, employer endorsement, we have certain requirements an employer must follow.

Employer Endorsement

Under the third point of the Safe Harbor rule, the employer may not endorse the insurance arrangement. An employer will be considered to endorse an arrangement where:

- a) in light of all the surrounding facts and circumstances, an objectively reasonable employee would conclude on the basis of the employer’s actions that the employer had not merely facilitated the insurance program’s availability, but had exercised control over it or made it appear to be part and parcel of the company’s own benefit package; or
- b) the employer encourages participation in a particular insurance plan.

The DOL and the federal courts have applied this test in a number of situations.

Based on these rulings, an employer who agrees to a list billing arrangement in order to assist all or some of his employees must abide by the following requirements:

- a) The employer must not be the “policyholder,” or otherwise sign a contract with the Insurer *other than* for the employer’s own personal insurance;
- b) The employer must not promote any insurance plan on company letterhead or stationery, or describe any insurance plan on its Intranet/website as the “company’s plan,” or “our plan.” Any written reference to the insurance program by the employer should prominently state that the arrangement is completely voluntary; and that the employer has no involvement in the insurance program (other than forwarding premiums to the insurer at an employee’s direction, if that is the case);

Continued on reverse side

ERISA Safe Harbor Rule Requirements *(Continued)*

- c) The employer must not include materials describing the personal insurance program in summary plan descriptions issued with respect to ERISA group health plans sponsored by the employer, or include such materials in distributions concerning employer-sponsored benefits;
- d) The employer must not demand approval right of brochures/promotional materials prepared by the insurer, *other than* to verify that the employer's name and/or logo is *not* displayed on such materials, and to verify that no reference to ERISA is included in the materials.
- e) The employer must not restrict the class of employees to whom individual market coverage may be offered;
- f) The employer must not negotiate or make suggestions to the insurer as to benefits that should be covered, or features that would be desirable or that should be changed;
- g) The employer must not attempt to negotiate premium rates with the insurer;
- h) The employer must not maintain the insurer's claim forms at the worksite;
- i) The employer must not answer employee questions about benefits provided under the insurer's plan or the amount of premiums, instead referring all such questions to the insurer;
- j) The employer must not become involved in claims disputes between the insurer and the employee, and it should direct all inquiries concerning claims to the insurer; and
- k) The employer's role, with respect to the payment of premiums, if any, must be limited to deducting the amount authorized by an employee and transmitting such amount to the insurer pursuant to a list billing arrangement.

Disclaimer

This document is intended to set forth our requirements for any employer desiring to assist employees by agreeing to: (a) collect money from funds that this employee could choose to use for purposes other than insurance; and (b) arrange to forward payment to Golden Rule under terms of the Employer Payor Agreement. It is not intended as legal advice for any specific employer. This document is an overview summary of a very fact-sensitive area of federal law. State laws should also be considered and vary greatly. For example, some states prohibit employer list billing for personal health insurance. Employers should seek their own legal counsel on these issues before taking any action.

Golden Rule Insurance Company
7440 Woodland Drive, Indianapolis, Indiana 46278

**INFORMATION REGARDING PROPOSED INSURED'S NON-EMPLOYER-PROVIDED
HEALTH INSURANCE CERTIFICATION ON THE
REVERSE SIDE OF THIS DOCUMENT**

If you are applying for non-employer-provided health insurance coverage with Golden Rule (herein called "We"), you must read and sign the appropriate Certification on the reverse side of this document. We do not offer small-employer or other employer-provided health insurance in your state.

In Georgia, "Small employer" means a group or subgroup of at least two and no more than 50 employees, members, or enrollees.

In Nebraska, "Small employer" is defined as any person, political subdivision, firm, corporation, limited liability company, partnership, or association that is actively engaged in business that, on at least fifty percent (50%) of its working days during the preceding calendar quarter, employed at least two (2) and no more than fifty (50) employees, who work on a full-time basis and have a normal workweek of thirty (30) or more hours, but not including employees who work on a part-time, temporary, or substitute basis, the majority of whom were employed with the State of Nebraska.

In Ohio, "Small employer" is defined as an employer who employed an average of at least two (2) but no more than fifty (50) employees, who work a normal workweek of twenty-five (25) or more hours, but not including temporary, substitute, or seasonal employees, on business days during the preceding calendar year.

Even if you are a self-employed person, you may be considered to be a small-employer group. This does not mean that, by being self-employed, you lose your right to purchase non-employer-provided health insurance coverage for you and your dependents if that is the type of health insurance you desire to purchase. What it does mean is that, in order to issue you non-employer-provided health insurance coverage, we must have you confirm and certify that you are purchasing your health insurance on an individual basis and not as "small-employer" group coverage. The certification statements on the reverse side of this document have been developed to accomplish this purpose. Your state uses various conditions to make the determination of whether we are offering health insurance within the individual market or the small-employer group market. If you meet certain conditions, we will not be able to issue you non-employer-provided health insurance coverage. Therefore, in order to issue you non-employer-provided health insurance coverage, we must have you confirm and certify that the applicable statement ("self-employed individual" or "other individual") on the reverse side of this document is your own statement. If you can so confirm and certify, we are free to issue you the non-employer-provided health insurance coverage that you desire.

**INFORMATION REGARDING SOME OTHER ASPECTS OF
NON-EMPLOYER-PROVIDED HEALTH INSURANCE COVERAGE**

This non-employer-provided health insurance coverage is not guarantee issue and will be fully underwritten before issue. Underwriting may result in refusal of coverage to the individual applicant, or exclusion from coverage of certain family members (if applicable) or health conditions. No benefits for normal pregnancy and delivery are provided unless so specified in the coverage document.

This coverage is neither intended to be governed by, nor intended to comply with, any employer-related laws such as COBRA, ERISA, ADEA, or FPA. Your employer (you, if you are self-employed) may want to seek the advice of legal counsel with regard to any obligations it may have in this regard.

Small-employer group health insurance is available on a guarantee issue basis (without underwriting) to businesses with 2-50 employees. Our non-employer-provided health insurance coverage may not be used by employers to provide insurance to employees. **For Small-Employer Employees or Self-Employed Persons:** If you or members of your family are refused coverage or do not desire to have health conditions limited via exclusionary riders, you may want small-employer health insurance. For more information regarding small-employer health insurance, contact Golden Rule, your broker, or your state Department of Insurance.

PROPOSED INSURED'S NON-EMPLOYER-PROVIDED HEALTH INSURANCE CERTIFICATION

Self-Employed Individual's Certification

1. I am a self-employed person. I understand that I may qualify as a "small employer" (defined on the reverse side of this document). However, even if I do, I am choosing to purchase my health insurance not as a "small employer," but rather, as an individual. I regard and treat the entire premium as being paid by me on a personal basis as a personal expense and not as a business-related expense.
2. No portion of the premium or benefits is paid by a "small employer."
3. No covered person is reimbursed, whether through wage adjustments or otherwise, by a "small employer" for any portion of the premium.
4. This health insurance plan or arrangement is not treated by me or by any of the covered persons as part of the plan or program for purposes of Section 162, except for the self-employed tax deduction provided for by 162 (1), or Section 106 of the United States Internal Revenue Code.

Other Individual's Certification

1. I am choosing to purchase this health insurance coverage, which is non-employer-provided coverage and which is not small-group or employer-group type coverage. The entire premium is paid by me personally, either directly or by payroll deduction.
2. No portion of the premium or benefits is paid by a "small employer" (defined on the reverse side of this document).
3. No covered person is reimbursed, whether through wage adjustments or otherwise, by a "small employer" for any portion of the premium.
4. This health insurance plan or arrangement is not to be treated by my employer, and is not treated by any of the covered individuals, as part of the plan or program for purposes of Section 162 or Section 106 of the United States Internal Revenue Code. My employer is aware, or will be made aware by me, that this is non-employer-provided health coverage and that my employer is not to treat this as part of any employer-provided health insurance plan for any purposes.

I confirm and certify that I have read and understood the reverse side of this document regarding non-employer-provided health insurance coverage versus small-employer group health insurance coverage. If I did not understand this information at first, I sought explanation from Golden Rule, my agent or broker, or from my state Department of Insurance before signing this certification. I further confirm and certify that either the statements for the above Self-Employed Individual's Certification are true *OR* the statements for the Other Individual's Certification are true.

Signature of Proposed Insured (YOU)

Date

Printed Name of Proposed Insured (YOU)

Golden Rule Insurance Company
7440 Woodland Drive, Indianapolis, Indiana 46278

**INFORMATION REGARDING PROPOSED INSURED'S NON-EMPLOYER-PROVIDED
HEALTH INSURANCE CERTIFICATION ON THE
REVERSE SIDE OF THIS DOCUMENT**

If you are applying for non-employer-provided health insurance coverage with Golden Rule (herein called "We"), you must read and sign the appropriate Certification on the reverse side of this document. We do not offer small-employer or other employer-provided health insurance in your state.

In Georgia, "Small employer" means a group or subgroup of at least two and no more than 50 employees, members, or enrollees.

In Nebraska, "Small employer" is defined as any person, political subdivision, firm, corporation, limited liability company, partnership, or association that is actively engaged in business that, on at least fifty percent (50%) of its working days during the preceding calendar quarter, employed at least two (2) and no more than fifty (50) employees, who work on a full-time basis and have a normal workweek of thirty (30) or more hours, but not including employees who work on a part-time, temporary, or substitute basis, the majority of whom were employed with the State of Nebraska.

In Ohio, "Small employer" is defined as an employer who employed an average of at least two (2) but no more than fifty (50) employees, who work a normal workweek of twenty-five (25) or more hours, but not including temporary, substitute, or seasonal employees, on business days during the preceding calendar year.

Even if you are a self-employed person, you may be considered to be a small-employer group. This does not mean that, by being self-employed, you lose your right to purchase non-employer-provided health insurance coverage for you and your dependents if that is the type of health insurance you desire to purchase. What it does mean is that, in order to issue you non-employer-provided health insurance coverage, we must have you confirm and certify that you are purchasing your health insurance on an individual basis and not as "small-employer" group coverage. The certification statements on the reverse side of this document have been developed to accomplish this purpose. Your state uses various conditions to make the determination of whether we are offering health insurance within the individual market or the small-employer group market. If you meet certain conditions, we will not be able to issue you non-employer-provided health insurance coverage. Therefore, in order to issue you non-employer-provided health insurance coverage, we must have you confirm and certify that the applicable statement ("self-employed individual" or "other individual") on the reverse side of this document is your own statement. If you can so confirm and certify, we are free to issue you the non-employer-provided health insurance coverage that you desire.

**INFORMATION REGARDING SOME OTHER ASPECTS OF
NON-EMPLOYER-PROVIDED HEALTH INSURANCE COVERAGE**

This non-employer-provided health insurance coverage is not guarantee issue and will be fully underwritten before issue. Underwriting may result in refusal of coverage to the individual applicant, or exclusion from coverage of certain family members (if applicable) or health conditions. No benefits for normal pregnancy and delivery are provided unless so specified in the coverage document.

This coverage is neither intended to be governed by, nor intended to comply with, any employer-related laws such as COBRA, ERISA, ADEA, or FPA. Your employer (you, if you are self-employed) may want to seek the advice of legal counsel with regard to any obligations it may have in this regard.

Small-employer group health insurance is available on a guarantee issue basis (without underwriting) to businesses with 2-50 employees. Our non-employer-provided health insurance coverage may not be used by employers to provide insurance to employees. **For Small-Employer Employees or Self-Employed Persons:** If you or members of your family are refused coverage or do not desire to have health conditions limited via exclusionary riders, you may want small-employer health insurance. For more information regarding small-employer health insurance, contact Golden Rule, your broker, or your state Department of Insurance.

PROPOSED INSURED'S NON-EMPLOYER-PROVIDED HEALTH INSURANCE CERTIFICATION

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2. No portion of the premium or benefits is paid by a "small employer."
3. No covered person is reimbursed, whether through wage adjustments or otherwise, by a "small employer" for any portion of the premium.
4. This health insurance plan or arrangement is not treated by me or by any of the covered persons as part of the plan or program for purposes of Section 162, except for the self-employed tax deduction provided for by 162 (1), or Section 106 of the United States Internal Revenue Code.

Other Individual's Certification

1. I am choosing to purchase this health insurance coverage, which is non-employer-provided coverage and which is not small-group or employer-group type coverage. The entire premium is paid by me personally, either directly or by payroll deduction.
2. No portion of the premium or benefits is paid by a "small employer" (defined on the reverse side of this document).
3. No covered person is reimbursed, whether through wage adjustments or otherwise, by a "small employer" for any portion of the premium.
4. This health insurance plan or arrangement is not to be treated by my employer, and is not treated by any of the covered individuals, as part of the plan or program for purposes of Section 162 or Section 106 of the United States Internal Revenue Code. My employer is aware, or will be made aware by me, that this is non-employer-provided health coverage and that my employer is not to treat this as part of any employer-provided health insurance plan for any purposes.

I confirm and certify that I have read and understood the reverse side of this document regarding non-employer-provided health insurance coverage versus small-employer group health insurance coverage. If I did not understand this information at first, I sought explanation from Golden Rule, my agent or broker, or from my state Department of Insurance before signing this certification. I further confirm and certify that either the statements for the above Self-Employed Individual's Certification are true *OR* the statements for the Other Individual's Certification are true.

Signature of Proposed Insured (YOU)

Date

Printed Name of Proposed Insured (YOU)

www.goldenrulehealth.com