



Health Solutions GUARANTEED ISSUE HEALTH INSURANCE



A Defined Benefit Health Insurance Plan

Not a Major Medical Health Plan

Affordable Coverage for Individuals, Families & Small Groups

INSURED BENEFITS INCLUDE:

- Any Doctor or Choose a Network
- High Hospital & Surgical Benefit
- ICU Benefit (Diamond plan)
- Daily Hospital Benefit up to 100 Days Annually
- Surgeon Charges up to 100% of Medicare Reimbursement
- Doctor Visits including Chiropractor Visits
- Critical Illness Coverage (Gold and Diamond plan)
- No Lifetime Maximum Benefit Limit
- Anesthesia Benefit (Gold and Diamond plans)
- Up to \$150 for Lab & X-ray
- \$150 for Preventative Test
- \$5,000 Accident Policy
- Emergency Room Coverage
- Maternity Coverage
- Aetna PPO Discount Dental Included

Benefit Summary

*A Defined Benefit Health Insurance Plan
not a Major Medical Health Plan*



PLAN BENEFITS

- Doctor Visits
- Daily Hospital Confinement
- Surgical Benefits (same benefit inpatient & outpatient)
- Diagnostic, X-Ray & Lab Benefit (DXL)
- Preventive Testing
- Accident Benefit
- Critical Illness Benefit
- Emergency Room Coverage
- Maternity Coverage
- PPO Network Repricing for Hospital, Doctor and Outpatient Services.
<http://www.multiplan.com>
- Prescription Discount Card

PLAN HIGHLIGHTS

- Guaranteed Issue to Individuals & Small Groups
- Guaranteed Renewable
- Portable
- Assignable Benefits
- Stable Rates
- First Dollar Coverage (No Co-pays)
- Nationwide Availability
- HIPAA Compliant
- Fully insured by AM Best rated carrier
- Three Plans: Silver, Gold & Diamond

INPATIENT MEDICAL EXPENSE BENEFITS

Daily Hospital Benefit*

Hospital benefit of \$1,000.00 per day for up to 100 days per covered person, per calendar year. Unlimited re-admission. Optional extra \$500 per

day hospital benefit available. Call your broker for details.

ICU/CCU Hospital Benefit*

Plan will pay an additional \$1,000.00 per day (max of five days) annually.

Surgical Benefit*

Plan provides scheduled benefits for surgery per incident (maximum for any one surgery is 100% of Medicare reimbursement). Unlimited incidents.

Anesthesia Benefit*

Plan provides a 20% benefit (this benefit is calculated by multiplying the surgeon's benefit times 20%).

OUTPATIENT MEDICAL EXPENSE BENEFITS

Office Visit*

\$75 paid per visit for up to 5 visits per calendar year per covered person.

Surgical & Anesthesia Benefit*

Same as inpatient coverage. Unlimited incidents.

Preventive Testing Benefit*

\$150 paid per covered person per year for Preventive Care test.

Prescription Discount*

See Member RX.

Diagnostic Tests, X-Rays & Lab Testing*

\$150 paid for up to three visits per person per calendar year for diagnostic tests, x-rays and lab testing. Benefits paid on inpatient or outpatient basis.

OTHER BENEFITS

Accident Benefit

Up to \$5,000 paid per accident, subject to \$100.00 deductible and 80% coinsurance per accident. One accident per covered person per year.

Critical Illness Rider (included)

\$2,500 critical illness coverage on the primary insured only.

OTHER BENEFITS *(continued)*

PPO Network Discounts

The plan offers **Multiplan** PPO network repricing when network providers are used. **Multiplan** offers one of the largest seamless national networks. Over 500,000 providers in 50 states. Visit <http://www.multiplan.com> to locate a provider.

**Benefit amounts are based on the Diamond Plan.*

This policy has a pre-existing conditions limitation. Pre-existing conditions are not covered until the policy has been in effect for more than 12 months. A pre-existing condition is any condition you have now or had within a 12 month period prior to the effective date of coverage for each covered person.

The Health Solutions Plan is HIPAA compliant. Persons who leave the plan will receive a HIPAA Certificate of Creditable Coverage. Those who enter the plan presenting a Certificate of Creditable Coverage will receive credit toward this plan's pre-existing conditions limitation.

OPTIONAL BENEFITS

Generic Prescription Card Rider

Affordable generic prescription plan. Plan pays preferred generic prescription drug charges in excess of the \$10.00 co-pay amount. No deductibles or waiting periods. No restrictions for pre-existing conditions. Acceptance at over 53,000 pharmacies nationwide including Walgreens, CVS, Wal-Mart and Rite Aid stores. Brand name drugs: Discounted price as adjudicated at the time of purchase.

Health Solutions

*A Defined Benefit Health Insurance Plan
not a Major Medical Health Plan*

PLAN BENEFITS	SILVER	GOLD	DIAMOND
Physician Office Visit Benefit: The carrier will pay the benefit amount as shown if you seek treatment for a covered illness or injury. Includes chiropractic office visits.	\$50 per office visit up to 5 per year/ 5 per each person in family.	\$75 per office visit up to 5 per year/ 5 per each person in family.	\$75 per office visit up to 5 per year/ 5 per each person in family.
Preventive Test Benefit: The carrier will pay the benefit amount shown.	\$100 per test, one per year.	\$100 per test, one per year.	\$150 per test, one per year.
Hospitalization Admission & Confinement Benefit: The carrier will pay the benefit amount shown if you are admitted to a hospital as a patient because of a covered sickness or injury. You are allowed unlimited hospital stays per year, however, you will be limited to 100 total days per year including first day hospital stays.	\$750 1st day, \$750 per day thereafter. Maximum 100 Days.	\$1,000 1st day, \$1,000 per day thereafter. Maximum 100 Days.	\$1,000 1st day, \$1,000 per day thereafter. Maximum 100 Days.
Diagnostic Testing & Lab Benefit: The carrier will pay up to the benefit amount for all diagnostic testing (x-rays) and laboratory fees at the reimbursement rate shown. This benefit pays up to a limit of three per year.	\$50 per visit, 3 per year.	\$100 per visit, 3 per year.	\$150 per visit, 3 per year.
ICU/CCU Benefit: The carrier will pay the benefit amount shown if you are admitted to a hospital as a patient because of a covered sickness or injury. You are allowed unlimited ICU/CCU stays per year, however, you will be limited to five total days per year including first day ICU/CCU stays.	No Coverage	No Coverage	\$1,000 per day. Maximum 5 Days.
Surgical Benefit (Inpatient or Outpatient): The carrier will pay up to the benefit amount shown for required surgery because of a covered procedure. Reimbursements are based on the Medicare/RBRVS benefit schedule.	50% of Medicare/RBRVS* benefit schedule. NO Anesthesia Benefit.	80% of Medicare/RBRVS* benefit schedule. Anesthesia Benefit 20% of Surgeons Benefit.	100% of Medicare/RBRVS* benefit schedule. Anesthesia Benefit 20% of Surgeons Benefit.
Accident Rider: The carrier will pay up to the benefit amount as shown per covered accident. There is only one accident allowed per covered person per year. This benefit pays a portion of the medical costs resulting from injury. The costs must be incurred within 90 days of the injury.	\$2,500 per accident / \$100 deductible / 80% coinsurance.	\$5,000 per accident / \$100 deductible / 80% coinsurance.	\$5,000 per accident / \$100 deductible / 80% coinsurance.
Critical Illness Benefit: The carrier will pay the benefit amount shown (for primary applicant only) if the primary applicant has been diagnosed with a critical illness.	No Coverage	\$2,500 one time benefit. Primary Applicant Only.	\$2,500 one time benefit. Primary Applicant Only.
Optional Generic RX Card: If purchased this benefit pays medically necessary generic prescription drug charges in excess of the \$10 co-pay amount. No deductibles or waiting periods.	Affordable rider for outpatient generic prescription drugs. Calendar Year Maximum per Individual insured is \$1,500. Contact your agent for details.		
No Lifetime Maximum Benefit Limit			
Health Solutions is an association insurance benefit program. The insurance benefits vary depending on the plan selected. These benefits are provided under the insurance policy and are subject to the insurance company's underwriting guidelines, exclusions, limitations, terms and conditions of coverage as set forth in the insurance policy and certificate, which includes a pre-existing limitation and other restrictions. This insurance is not basic health insurance or major medical coverage and is not designated as a substitute for basic health insurance or major medical coverage. This is a limited medical plan that provides for limitations to the coverage for each benefit. The limitations are disclosed above. *RBRVS is the methodology used by the federal government to determine benefits payable under Medicare.			

HEALTH SOLUTIONS ELIGIBILITY

Individuals eligible to apply for coverage:

1. Individuals between ages 18 and 64 (If applying as a couple, both you and your spouse must be under 65) and dependent children under age 19.
2. Unmarried dependent children with proof of full-time student status between the ages 19 and 25.
3. Individuals not in full-time service of the Armed Forces (military).
4. Individuals not eligible for Medicare.
5. Individuals not receiving disability benefits or worker's compensation.

Pre-existing conditions:

Pre-existing conditions are not covered until the policy has been in effect for more than 12 months. A pre-existing condition is any condition you have now or had within a 12 month period prior to the effective date of coverage for each covered person. The Health Solutions Plan is HIPAA compliant. Persons who leave the plan will receive a HIPAA Certificate of Creditable Coverage. Those who enter the plan presenting a valid Certificate of Creditable Coverage will receive credit toward this plan's pre-existing conditions limitation.

Terms of coverage:

Coverage remains in effect as long as you pay the required premium charges on time, and as long as you maintain membership eligibility. Coverage will be terminated if you become ineligible due to any of the following circumstances: a) Non-payment of premiums and fees, b) Residency requirements, c) For other reasons permissible by law.

*This is a **Limited Benefit Plan** and may not cover all medical expenses for an illness or injury once the maximum plan payment limits per covered person, per calendar year are reached.*

Additional Membership Benefits

A Defined Benefit Health Insurance Plan

AIM Rx Maintenance Medication Plan

AIM Rx has partnered with one of the most reliable and reputable international pharmacies operating today. AIM Rx offers members access to medications at discounted prices and members on average save about 48% on their prescription medications. Walk-in pharmacy discounts and mail order discounts are available. With a quick and easy on-line checkout process, you can view your discount savings prior to ordering your medications. Orders can be placed via fax, phone, mail or on the internet at www.aimrxcard.com. If you have questions contact a customer service representative at **1-800-758-1751**.

Additional Benefits:

- No restrictions & unlimited usage
- Best price locator
- No deductibles or co-payments
- Order up to 90 day supply
- Brand name & generics available
- Refill reminders

Complementary and Alternative Medicine www.thcnetwork.com

- Acupressure — Savings of 20-30%.
- Oriental Medicine
- Physical Therapy
- Oriental Bodywork
- Acupuncture
- Naturopathic Medicine
- Large Chiropractic network

Dental and Vision Discount Plan www.locateproviders.com

- Members will save 10-50% on dental services, such as cleaning, x-rays, fillings, crowns, root canals, dentures, oral surgery, orthodontics, periodontics and cosmetic dentistry where available.

- The vision discount plan has savings of 25% to 50% on routine vision analysis, clear lenses, frames, lasik surgery, contact and lenticular lenses. The Opti-Vision network has over 14,500 qualified eye care providers in all 50 states and Puerto Rico.

Diabetic Supplies - up to 30% Discount

Discount diabetes testing supplies & educational material. The best glucose meters on the market. Meter training by our caring, friendly client service staff.

Lancets & lancing devices. Diabetic medications and diabetes education & support. Convenient home delivery of supplies. Knowledgeable team with a registered dietician on staff.

Durable Medical Equipment

- Savings between 20%-40% off retail.
- Shop directly from your home.
- Free home delivery of equipment.
- Hassle-free online shopping.
- Toll free telephone support provided.

Hearing Program

- Savings up to 60% on hearing aid batteries, repairs and hearing care accessories
- The lowest prices on all major brands of hearing aids such as Widex, Siemens, Sonic Innovations, Oticon, Starkey, Phonak, GNResound and many more!
- A network of over 1,500 hearing care professionals to provide members with services to ensure complete satisfaction with their hearing aids.
- 45-day trial period to evaluate the new hearing aid(s)! 40 free hearing aid batteries and one year of free cleanings after the trial period.

MedTestForLess:

The premier pre-paid (pay when ordering) medical testing program in America. Diagnostic, x-ray and lab tests cost much less due to providers receiving immediate payment. No age limits, no waiting periods, no limits on frequency of use, no deductibles, no coinsurance or co-pays. Savings up to 70% off retail or usual and customary pricing. For more information:

Go to www.medtestforless.com or call **1-866-763-3837**.

Care Giving Assistance

Included in the options are assistance programs, information and referral services, access to discounted nationwide Long Term Care (LTC) provider networks, professional services, a nurse navigator program, wellness assessments, emergency travel assistance, support services.

Optional Benefits

Available when you Purchase Rider

Generic Prescription Rider

- With this rider the employee presents the RX card and the Physician's prescription to a participating pharmacy and pay the applicable co-payment.
- \$10 co-pay for generic medications.
- No deductibles, No waiting periods, No restrictions due to pre-existing conditions.
- No claim forms to complete – savings are provided immediately.
- Acceptance at over 53,000 pharmacies nationwide including Walgreens, CVS, Wal-Mart and Rite Aid stores.
- Savings on medications not covered on the formulary.
- Brand Name Drugs: Discounted price as adjudicated at the time of purchase.
- Supply of generic drug subject to the maximum annual benefit of \$1,500 per insured person annually.

AIM Xtra Hospital & Critical Illness Rider

- HOSPITAL RIDER: The plan pays on an Indemnity basis \$500 per day in the hospital for 31 days per calendar year. Plan pays an additional \$500 per day if the insured is in ICU or CCU for an additional 31 days per calendar year. Benefits are in addition to any other benefits received by the policy.
- \$25,000 CRITICAL ILLNESS RIDER: (AIG) pays one time \$25,000 benefit for the diagnosis of a critical illness. Family coverage covers primary insured and spouse. Pre-existing conditions covered after 12 consecutive months of coverage. Ten critical illnesses are covered, call your agent for details.

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For More Information Contact:

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This product is managed by
Insurance Resource Group





AFFORDABLE GENERIC PRESCRIPTION PLAN

SMART CHOICE FOR OUTPATIENT PRESCRIPTION DRUG SAVINGS FOR AIM Members

How to Use Your Prescription Drug Plan

The plan pays medically necessary prescription drug charges in excess of the co-pay amount. Benefits are obtained through the use of an identification card that will be issued to the employee upon enrollment. To fill a prescription, an employee must present the card and the Physician's prescription to a participating pharmacy and pay the applicable co-payment.

Benefit Highlights:

- **\$10 for Preferred Generic Medications**
- No deductibles, No waiting periods, No restrictions due to pre-existing conditions.
- No claim forms to complete – savings are provided immediately.
- Acceptance at over 53,000 pharmacies nationwide including Walgreens, CVS, Wal-Mart and Rite Aid stores.
- Savings on medications not covered on the formulary.
- Brand-Name Drugs: Discounted price as adjudicated at the time of purchase.

The Affordable Generic Prescription Plan is available based on the following monthly premiums and are payable through convenient payroll deduction.

Supply of generic drug subject to the maximum annual benefit of:

\$1,500 Per Insured Person, annually.

MONTHLY RATES	
Employee	\$ 12.00
Employee + 1	\$ 18.00
Family	\$ 26.00

Xtra Hospital and \$25,000 Critical Illness Plan

SMART CHOICE FOR INCREASING HOSPITAL AND CRITICAL ILLNESS COVERAGE

MONTHLY PREMIUMS

Applicant Only	\$88.00
Applicant Plus 1 dependant	\$155.50
Applicant Plus 2 or more dependants	\$175.00

Note: One Time Enrollment Fee of \$25.00 is charged.

HOSPITAL BENEFIT

The Plan pays on an Indemnity basis \$500 per day in the hospital for 31 days per calendar year. Plan also pays an additional \$500 per day if the insured is in ICU or CCU for an additional 31 days per calendar year. Family coverage (Applicant plus 2 or more dependents) includes coverage for applicant, spouse and children. These benefits and amounts are in addition to any other benefits received by the policy.

CRITICAL ILLNESS BENEFIT

- \$25,000 One Time Benefit
- The insurance carrier (A.I.G.) will pay one time benefit of \$25,000 for the diagnosis of a critical illness.
- Family coverage will cover both the primary insured and their spouse.
- Pre-existing conditions are covered after 12 consecutive months of coverage.
- The policy has 10 Critical Illnesses that are covered.

CRITICAL ILLNESS COVERAGE DETAILS

All AIM members that enroll into **AIM Xtra Rider** will have a \$25,000 Critical Illness Benefit.

Critical Illness Diagnosis

If an insured person is diagnosed with a critical illness, listed below, by a physician, the Company will pay a benefit subject to the Benefit Payment Conditions and Schedule of Benefits of the plan selected. Once a 100% of the maximum benefit amount has been paid for an insured person, coverage terminates and no further benefits are payable to that insured person.

Life Threatening Cancer

Pays benefits if an insured person is first diagnosed with life threatening cancer, more than 90 after the person's effective date of coverage. (The benefit is 10% payment after 30 days and before 90 days.)

Heart Attack

Pays benefits if an insured person is first diagnosed as having suffered a heart attack more than 30 days after the person's effective date of coverage.

Kidney (Renal) Failure

Pays benefits if an insured person is first diagnosed with having suffered kidney (renal) failure more than 30 days after the person's effective date of coverage.

Stroke

Pays benefits if an insured person is first diagnosed with having suffered a stroke more than 30 days after the person's effective date of coverage.

Coma

Pays benefits if an insured person is first diagnosed as being comatose more than 30 days after the person's effective date of coverage.

Coronary Artery Bypass Graft

Pays 25% of the benefit amount if an insured person is first diagnosed with a condition that necessitates a Coronary Artery Bypass Graft and receives the Coronary Artery Bypass Graft more than 30 days after the person's effective date of coverage. This benefit is paid once per lifetime.

Loss of Sight, Speech or Hearing

Loss of Sight, Speech or Hearing Pays benefits if an insured person is first diagnosed with loss of Sight, speech or Hearing more than 30 days after the person's effective date of coverage.

Major Organ Transplant

Pays benefits if an insured person is first diagnosed with a condition that necessitates a Major Organ Transplant and receives that Major Organ Transplant more than 30 days after the person's effective date of coverage.

Paralysis

Pays benefits if an insured person is first diagnosed as being paralyzed more than 30 days after the person's effective date of coverage.

Severe Burns

Pays benefits, depending on the severity of the burn, if an insured person is first diagnosed with having suffered a Severe Burn more than 30 days after the person's effective date of coverage.

These are brief descriptions of the coverage available under the policy. The policies will contain limitations, exclusions and termination provisions



AIM Health Solutions

Enrollment Application Kit

Please review the checklist below before you send your Enrollment Application.

PLEASE PRINT CLEARLY AND USE BLACK INK TO COMPLETE APPLICATION.

- Applicant must complete **Section I** (Enrollment Form) and **Section II** (Billing Form).
- Application must be received by the **15th** of prior month to be approved for the 1st of the following month.
- Paying via check: Make check payable to **Insurance Resource Group**.
- Paying via EFT: Include copy of a voided check with Enrollment Application.
- Monthly invoices are subject to a **\$10.00** Billing Fee.
- No charge** for monthly Electronic Fund Transfers (EFT).
- Must pay first month's (premium, administration fee, association dues & one time fee).
- Paying via check:** Mail completed Enrollment Application to:
AIM
20 Madison Avenue
Valhalla, New York 10595
- Paying via EFT:** Fax completed Enrollment Application to:
1-914-428-8080
Attn: Enrollment Department

If you need assistance filling out the Enrollment Application, please contact your agent or broker.

A Defined Benefit Health Insurance Plan for AIM Members

Not a Major Medical Health Plan

ENROLLMENT APPLICATION

OFFICE USE ONLY:

To be completed by Contract Group (AIM)

Name of Group:		Group Number:		
Effective Date:	Date Submitted:	Approved By:	Processed By:	Date Processed:

SECTION I — Enrollment Form - FORM MUST BE FILLED OUT IN BLACK BALLPOINT INK - PLEASE PRINT CLEARLY

APPLICATION TYPE (Check Appropriate Box) OPEN ENROLLMENT ENROLLMENT CHANGE TERMINATION

LEVEL OF COVERAGE (Check Appropriate Box) SUBSCRIBER SUBSCRIBER PLUS ONE SUBSCRIBER PLUS TWO OR MORE

SELECT MEDICAL PLAN (Check Appropriate Box) PLAN I (Silver) PLAN II (Gold) Plan III (Diamond)

OPTIONAL RIDERS (Check Appropriate Box) GENERIC RX RIDER* AIM XTRA RIDER* *Additional fees apply to riders, see SECTION II for details.

PROVIDER NETWORK (Check Appropriate Box) MULTIPLAN PPO

APPLICANT NAME (Last, First, Middle Initial)		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	REQUESTED EFFECTIVE DATE FIRST DAY of (MM/YYYY)	
STREET ADDRESS		BIRTHDATE (mm/dd/yyyy)	SOCIAL SECURITY NUMBER	
BILLING ADDRESS / CONTACT / COMPANY (If different than above)		CITY	STATE	ZIP CODE
HOME TELEPHONE	WORK TELEPHONE	MARTIAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		EMAIL ADDRESS
EMERGENCY CONTACT (Name)	RELATION	CONTACT NUMBER	DATE of EVENT (If Applicable) ALTERNATE CONTACT NUMBER	

Note: If you are applying for coverage for your spouse and/or children, please list each one below - see Election of Coverage for eligibility. Please indicate additional dependents on a duplicate sheet.

LAST NAME	FIRST NAME	RELATIONSHIP	GENDER	SOCIAL SECURITY NUMBER	BIRTHDATE (mm/dd/yyyy)	Check if over 19 & disabled?
SPOUSE		<input type="checkbox"/> WIFE <input type="checkbox"/> HUSBAND	<input type="checkbox"/> Male <input type="checkbox"/> Female			
DEPENDENT		<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	<input type="checkbox"/> Male <input type="checkbox"/> Female			
DEPENDENT		<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	<input type="checkbox"/> Male <input type="checkbox"/> Female			
DEPENDENT		<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	<input type="checkbox"/> Male <input type="checkbox"/> Female			
DEPENDENT		<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	<input type="checkbox"/> Male <input type="checkbox"/> Female			

ELECTION OF COVERAGE AND AUTHORIZATION*

The applicant in consideration of membership in the Association and participation in the plan hereby acknowledges that the Association, its third party administrator, their agents, owners, successors and assigns assumes no liabilities or obligations other than those specifically identified. I hereby agree to indemnify them from and against any and all claims, damages, losses, costs or expenses (including, without limitation, attorneys fees and disbursements) for any claims that may arise by the participation of the plan or membership in the association. I understand that pre-existing conditions will not be covered during the first 12 months of the contract unless I present evidence of prior creditable coverage. All information provided above is true and complete to the best of my knowledge. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, shall be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Disclaimer IMPORTANT! Our medical plan is a low-cost alternative, providing medical insurance at fixed amounts, and these **limited benefits** are paired with medical discounts to designated providers. My signature below indicates that the limitations of the plan have been disclosed & explained to me and that I understand and accept said plan designs. My signature below also indicates I would like to enroll in the limited medical health plan I selected above. All applicants must sign below. Any false statement will be cause for immediate cancellation of coverage. **It will take one week after your effective date for your cards and provider books to arrive.**

APPLICANT SIGNATURE (REQUIRED) X	DATE
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ACCEPTANCE AND AGREEMENT NOTICE: Submission of Employer Application does not initiate coverage. Coverage is subject to approval prior to initiation. Enrollees will be issued individual policies and/or certificates of insurance. Minimum participation may be required. In the event that participation is not met, coverage will not take effect. Your coverage will begin on the first day of the month following receipt of the Enrollment Form. This is a limited benefit policy and is not a substitute for a major medical plan.

APPLICANT SIGNATURE (REQUIRED) X	PRINT NAME	DATE
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SECTION II — Billing Form

Rep Name	Rep Signature	Date	Telephone	Rep Code
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**AIM Health Solutions Plan
Enrollment Worksheet**

SELECT MONTHLY PREMIUM (Check Appropriate Box)	PLAN I (Silver)	PLAN II (Gold)	PLAN III (Diamond)
SUBSCRIBER	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$218.00	<input type="checkbox"/> \$248.00
SUBSCRIBER + 1	<input type="checkbox"/> \$264.00	<input type="checkbox"/> \$347.00	<input type="checkbox"/> \$403.00
SUBSCRIBER + 2 or more	<input type="checkbox"/> \$353.00	<input type="checkbox"/> \$476.00	<input type="checkbox"/> \$559.00

- Step 1. Enter Premium Selected Above: \$ _____
- Step 2. **One Time Enrollment Fee:** \$85.00
- Step 3. *Optional Catalyst RX Rider:* Single: \$12.00 EE+1: \$18.00 Family: \$26.00 \$ _____
- Step 4. *Optional AIM Xtra Rider:* Single: \$88.00 EE+1: \$155.50 Family: \$175.00 \$ _____
- Step 5. Total Contribution at Enrollment — **Add Steps 1-4:** \$ _____

PAYMENT OPTIONS (Check Appropriate Box Below)

ELECTRONIC FUNDS TRANSFER (Fill out EFT Authorization Form below)

INITIAL PAYMENT: Please EFT my bank account for first month's premium, administration fee, association dues and one time enrollment fee. This will occur between the 15th & 20th of the month prior to the effective date (**voided check is required & must be legible**).

MONTHLY PAYMENT: Please EFT my bank account for the monthly premium, administration fee and association dues. This will occur between the 15th & 20th of the month prior to the next months coverage. (**no monthly charge for EFT**).

CHECK OR MONEY ORDER (Make payable to Insurance Resource Group)

INITIAL PAYMENT: I am paying my first month's premium, administration fee, association dues and one time enrollment fee **via check/money order**. I am sending my check or money order with my completed Enrollment Form. **There is a \$30 insufficient funds fee.**

MONTHLY PAYMENT: I would like to receive a montly invoice to pay my monthly premium, administration fee and association dues. I understand an **additional monthly billing fee of \$10** will be charged to me to receive a monthly invoice.

APPLICANT SIGNATURE (REQUIRED) X	PRINT NAME	DATE
ACCOUNT HOLDER SIGNATURE (REQUIRED if paying via EFT) X	PRINT NAME	DATE

EFT AUTHORIZATION FORM

BANK NAME	BANK ROUTING NUMBER	BANK ACCOUNT NUMBER
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Voided check is required and must be legible. No monthly charge for EFT.

PLEASE ATTACH A CHECK MARKED

VOID

TO ENSURE ACCURACY

I understand this authority is to remain in full force and effect until the company has received written notification from me of its termination in such time and such manner as to afford the company and depositor a reasonable opportunity to act on it. I have the right to stop payment of a debit entry (deduction) by notification to IRG three business days or more before this payment is scheduled to be made. Please be aware that your bank statement will reflect the debit as I.R.G-HEALTH.

ACCOUNT HOLDER SIGNATURE (REQUIRED) X	PRINT NAME	DATE
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AIM HEALTH SOLUTIONS ELIGIBILITY

Individuals eligible to apply for coverage:

1. Individuals between ages 18 and 64 (If applying as a couple, both you and your spouse must be under 65) and dependent children under age 19.
2. Unmarried dependent children with proof of full-time student status between the ages 19 and 25.
3. Individuals not in full-time service of the Armed Forces (military).
4. Individuals not eligible for Medicare.
5. Individuals not receiving disability benefits or worker's compensation.

Pre-existing conditions:

Pre-existing conditions are not covered until the policy has been in effect for more than 12 months. A pre-existing condition is any condition you have now or had within a 12 month period prior to the effective date of coverage for each covered person. The AIM Health Solutions Plan is HIPAA compliant. Persons who leave the plan will receive a HIPAA Certificate of Creditable Coverage. Those who enter the plan presenting a valid Certificate of Creditable Coverage will receive credit toward this plan's pre-existing conditions limitation.

Terms of coverage:

Coverage remains in effect as long as you pay the required premium charges on time, and as long as you maintain membership eligibility. Coverage will be terminated if you become ineligible due to any of the following circumstances: a) Non-payment of premiums and fees, b) Residency requirements, c) For other reasons permissible by law.

AIM Health Solutions

A Defined Benefit Health Insurance Plan

Not a Major Medical Health Plan

This product is managed for AIM by
Insurance Resource Group