



AIM HealthChoice *for AIM Members*



A Limited 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 (Premier plan only)
- Daily Hospital Benefit up to 100 Days Annually
- Surgeon Charges up to 100% of Medicare Reimbursement
- Doctor Visits up to Five Per Year
- Anesthesia Benefit (Premier plan only)
- \$250 for Lab & X-ray (Premier plan only)
- Up to \$150 for Preventive Care
- \$2,500 Accident Policy (Value plan only)
- “The Solution Card™” discount plan

AIM HealthChoice Benefit Summary

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PLAN BENEFITS

- Doctor Visits
- Daily Hospital Confinement
- Surgical Benefits (same benefit inpatient & outpatient)
- Diagnostic, X-Ray & Lab Benefit (DXL)
- Wellness Care
- Accident Benefit
- PPO Network Repricing for Hospital, Doctor and Outpatient Services

<http://www.multiplan.com>

PLAN HIGHLIGHTS

- Guaranteed Renewable
- Assignable Benefits
- Stable Rates
- First Dollar Coverage (No Co-pays)
- 50 State Availability
- Fully insured by B+ rated carrier
- Two Plans: Value & Premier

INPATIENT MEDICAL EXPENSE BENEFITS

Daily Hospital Benefit*

Hospital benefit of \$2,500 first day and \$1,000 per day thereafter (max of 100 days) per covered person, per calendar year. Unlimited re-admission.

ICU/CCU Hospital Benefit*

Plan will pay \$1,000 per day (max of 15 days) annually.

Surgical Benefit*

Plan provides scheduled benefits for surgery per incident (maximum for any one surgery is 100% of Medicare

reimbursement). Benefits are paid on inpatient or outpatient basis – see surgical schedule for benefit amounts.

Anesthesia Benefit*

Plan provides a 25% benefit (this benefit is calculated by multiplying the surgeon's benefit times 25%).

OUTPATIENT MEDICAL EXPENSE BENEFITS

Office Visit*

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

Surgical & Anesthesia Benefit*

Same as inpatient coverage.

Wellness Benefit*

\$100 paid per covered person per year for wellness visit.

Prescription Discount*

See A.I.M. Member RX.

Diagnostic Tests, X-Rays & Lab Testing*

\$250 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

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.

Accident Benefit (Value plan only)

Up to \$2,500 paid per accident, subject to \$100.00 deductible and 100% coinsurance per accident. One accident per covered person per year.

"The Solution Card™"

Discounts on prescriptions, dental care, vision care, chiropractic care and more

via "The Solution Card™".

"The Solution Card™" is not insurance, but you can save up to 50% on health care. Members will have access to high quality networks of fully credentialed professionals and practitioners throughout the United States. You may already be using many of these providers. Continue using them and save money at the same time. "The Solution Card™" is not a substitute for traditional health insurance. It is a discount program that allows for substantial savings for you and your family.

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

This policy has a pre-existing conditions limitation. During the first 12 months following your effective date of coverage, no coverage will be provided for the treatment of a pre-existing condition. A pre-existing condition is defined as a condition, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received during the 12 months before your effective date.



AIM HealthChoice

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AIM HealthChoice Plan Benefits	VALUE PLAN	PREMIER PLAN
Physician Office Visit Benefit: The carrier will pay the benefit amount as shown if you seek treatment for a covered illness or injury.	\$50 per office visit up to three per year / three per each person in family.	\$75 per office visit up to five per year / five per each person in family.
Preventive Care Benefit: The carrier will pay the benefit amount shown.	\$150 per visit, one visit per year.	\$100 per visit, one visit 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.	\$1,750 1st day, \$250 per day thereafter. Maximum 100 Days.	\$2,500 1st day, \$1,000 per day thereafter. Maximum 100 Days.
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 15 total days per year including first day ICU/CCU stays.	No Coverage	\$1,000 per day. Maximum 15 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.	No Coverage	\$250 per visit, three visits per year.
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.	100% of Medicare/RBRVS* benefit schedule. Anesthesia Benefit 25% 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/ 100% coinsurance.	No Coverage
<p>The Limited Benefit Medical Plan is an individual insurance benefit program. The individual insurance benefits vary depending on the plan selected. These benefits are provided under the individual 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.</p>		

AIM HEALTHCHOICE 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.)
2. Dependent children under age 19.
3. Unmarried dependent children with proof of full-time student status between the ages 19 and 25.
4. Legal resident of United States.
5. Individuals not in full-time service of the Armed Forces (military).
6. Individuals not eligible for Medicare.
7. Individuals not receiving disability benefits or worker's compensation.

Medical underwriting requirements:

1. The AIM HealthChoice plan is not a guaranteed issue plan and requires medical underwriting.
2. All applicants, enrolling spouses and dependents are subject to medical underwriting to determine eligibility.
3. You may be declined coverage based on significant medical risk factors.
4. Individuals disabled and unable to work will be declined coverage.

Pre-existing conditions:

During the first 12 months following your effective date of coverage, no coverage will be provided for the treatment of a pre-existing condition. A pre-existing condition is defined as a condition, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received during the 12 months before your effective date.

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 AIM Membership Benefits

AIM HealthChoice A Limited Benefit Health Insurance Plan

Enrolled members of AIM's HealthChoice Limited Benefit Health Insurance Plan will also be enrolled into the following discount plan:

"The Solution Card™"

This plan is not insurance — but you can save up to 50% on health care.

"The Solution Card™" is an innovative and exciting concept that allows individuals to save a significant amount of money on their health care costs. A member will have access to high quality networks of fully credentialed professionals and practitioners throughout the United States. "The Solution Card™" is not a substitute for traditional health insurance. It is a discount health care program that allows for substantial savings for you and your family.

Dental Care

Enrolling with "The Solution Card™" means immediate savings on your next dentist visit, good at over 60,000 participating Cigna dental providers. It's one of the few plans that includes discounts for nearly every type of dental procedure, including crowns, x-rays and fillings, as well as orthodontia, periodontics and endodontics. There are no pre-existing conditions or waiting periods. Even if you use this benefit only twice a year, you'll receive remarkable savings of over 30% off average area charges.

Vision Care Plan

Reliable, high quality eye care services delivered by a network dedicated to the vision care and welfare of "The Solution Card™" members combined with unlimited choice of quality products. Select from independent optometrists, ophthalmologists and opticians (approximately 20,000 nationwide) and retail locations such as LensCrafters, Pearl, JCPenney, Sears and Target. Significant savings of 15% to 60% on eye exams, mail order contact lenses, Luxotica frames, etc. The programs also apply to LASIK and PRK laser vision procedures.

Prescription Drug Plan

You are entitled to discounts of 15% to 60% on all retail prescription drugs. There are no exclusions for brand name drugs or generic drugs. "The Solution Card™" is accepted at over 58,000 retail pharmacies. Purchases via mail order are eligible for higher discounts on select medications, as well as high-tech and injectable drugs. For details of these programs and our mail service program, call 877-210-4720

Diabetes Care Discount Plan

"The Solution Card™" offers a comprehensive diabetes maintenance program to help you take charge and manage your chronic diabetes conditions and increase patient compliance for a "quality of life" enhancement. The program provides access to a full line of state-of-the-art glucose meters, test strips, lancets and oral diabetic medications. Members can experience over 50% savings every month compared to average retail prices on diabetes maintenance supplies and oral diabetic medications.

Hearing Care Plan

Have access to the nation's largest network of audiologists with more than 1,500 locations. Receive a FREE hearing aid evaluation and enjoy discounts of up to 20% for other services and supplies. No charge for annual follow-up, cleaning and check of hearing aids purchased through "The Solution Card.™"

Chiropractic Care Plan

There is a large body of evidence suggesting that lower back pain is more effectively treated using chiropractic services over traditional medical treatments. This is often more cost effective with greater patient satisfaction. Some chiropractors specialize in sports-related injuries, neurology, orthopedics, pediatrics, nutrition, internal disorders or diagnostic imaging. With "The Solution Card™" you can choose from 19,000 licensed chiropractors across the nation, have access to a FREE consultation, then save up to 50% on all diagnostic services and 20% to 40% for other services and supplies. No limits on your choice of therapy or number of visits per year.

24-Hour "Ask a Nurse" Hotline

You will speak with a registered nurse who can answer your questions and provide you with health and medical information. All interactions are kept strictly confidential. You can get information about symptoms, medical terms, procedures, diseases, treatment options and medications.

Complimentary Alternative Medicine Acupuncture

Acupuncture has been used in China for over 3,000 years as a major component of their healthcare system. Many Americans are now embracing the practice for a variety of illnesses: Migraine, Arthritis, Sciatica, Insomnia, Stress and Addictions.

Massage Therapy

An accepted way to relieve tension and stress, massage therapy is also a part of many physical rehabilitation programs. Various techniques involved include:

- Massage: Soft tissue manipulation to reduce stress, fatigue and improve circulation.
- Bodywork: Techniques to affect structural changes to the body.
- Somatic: A body/mind system embracing more than just physical manipulations.

Physical Therapy

Your membership provides access to a national network of over 1,000 physical therapy and rehabilitation facilities at savings of 15%. Our providers will give you discounts on a wide range of outpatient rehabilitation services, including:

- Physical Therapy • Occupational Therapy
- Pediatric Therapy • Hand Therapy
- Speech/Language Therapy

Health Club Membership Discounts

Be assured of guaranteed best available "corporate" rates with "The Solution Card.™" There are more than 2,500 participating fitness facilities such as Curves, Gold's Gym, Jazzercise and many locally owned facilities.

Locate a Provider by Visiting:

<http://www.thesolutioncard.com>

"The Solution Card™" is not insurance. This plan provides discounts at certain healthcare providers for medical services. This plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have contracted with Alliance HealthCard, Inc. and Alliance HealthCard of Florida, Inc.

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This product is administered for AIM by

Insurance Resource Group

20 Madison Avenue
Valhalla, New York 10595





AFFORDABLE GENERIC PRESCRIPTION PLAN

OPTIONAL RIDER FOR OUTPATIENT PRESCRIPTION DRUG SAVINGS Catalyst Rx Card

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 co-pay for all 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



AIM Xtra Hospital & Critical Illness Rider

SMART CHOICE FOR INCREASING HOSPITAL AND CRITICAL ILLNESS COVERAGE

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. 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. (**please see next page**)

MONTHLY RATES	
Employee	\$ 88.00
Employee + 1	\$ 155.50
Family	\$ 175.00



The Need for Critical Illness Insurance

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

Coverage

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 HealthChoice

Enrollment Application Kit

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

PLEASE PRINT CLEARLY AND USE BLACK INK TO COMPLETE APPLICATION.

Application must be received by the 15th of prior month to be approved for the 1st of the following month.

- Applicant must complete **all sections** of the Enrollment Form.
- Applicant must complete **Section V** (Billing Form).
- Applicant must complete **Benefit Summary/Acknowledgement** Form.
- 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, admin fee, association dues and one time fee).
- Application must be received by the 15th of prior month to be approved for the 1st of the following month.
- Paying via check:** Mail completed Enrollment Application to:
Insurance Resource Group
20 Madison Avenue
Valhalla, NY 10595
- Paying via EFT:** Fax legible and completed Enrollment Application to:
1-914-428-8080
Attn: IRG Enrollment Department

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

Agent/Broker:

Telephone:

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AIM HealthChoice — LIMITED BENEFIT HEALTH INSURANCE PLAN
ENROLLMENT FORM (PAGE 1)

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

COVERAGE DESIRED (Check Appropriate Box) Individual Only Individual and Spouse Individual and Child(ren) Family
SELECT PLAN (Check Appropriate Box) VALUE PLAN PREMIER PLAN **Requested Effective Date** (1ST DAY OF MM/YYYY) _____
SELECT NETWORK (Check Appropriate Box) Multiplan PPO Optional RX (Additional fee applies, see billing page for details)

SECTION II — GENERAL INFORMATION - PLEASE PRINT CLEARLY

APPLICANT NAME (Last, First, Middle Initial)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH (MM/DD/YYYY)	SSN
HOME ADDRESS	CITY	STATE	ZIP CODE
BILLING ADDRESS (Address, City, State, Zip) <i>If different from home address</i>		HOME PHONE	WORK PHONE
Occupation/Job Title:	Employee Class: Not Applicable	Hire Date: Not Applicable	Hrs/Wk: Not Applicable
Employer Name & Address: Not Applicable	Section/Dept. #: Not Applicable	Annual Salary \$: Not Applicable	Employee ID: Not Applicable
Plan: Not Applicable	[Units] Not Applicable	Rider: Not Applicable	Monthly Premium \$: Not Applicable
Plan: Not Applicable	[Units] Not Applicable	Rider: Not Applicable	Monthly Premium \$: Not Applicable
Plan: Not Applicable	[Units] Not Applicable	Rider: Not Applicable	Monthly Premium \$: Not Applicable

SECTION III — SPOUSE AND DEPENDENT INFORMATION - PLEASE PRINT CLEARLY - Please indicate additional dependents on a duplicate sheet.

SPOUSE/DEPENDENT NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SSN

SECTION IV — MEDICAL QUESTIONS - TO BE CONSIDERED FOR COVERAGE PLEASE ANSWER ALL QUESTIONS BELOW — Mark with an X

- Are you, your spouse, or any person to be insured now pregnant, an expectant parent, or in the process of adopting a child? YES NO
 - Within the past 24 months have you or any person to be insured been confined to a hospital, nursing home, or rehabilitation institution more than one time for the same health condition? YES NO
 - Within the past 24 months have you or any person to be insured been receiving home health care services or kidney dialysis? YES NO
 - Within the past 5 years have you or any person to be insured received any abnormal test results or medical or surgical treatment or consulted a health care professional or taken medication for cancer (not basal cell), Alzheimer's, Multiple Sclerosis, Systemic Lupus, Crohn's, ALS/Lou Gehrig's disease, alcohol abuse, drug abuse, Parkinson's, HIV/AIDS, Emphysema, liver cirrhosis, or chronic lung disease? YES NO
 - Within the past 24 months have you or any person to be insured received any abnormal test results or medical or surgical treatment or consulted a health care professional or taken medication for uncontrolled diabetes, uncontrolled high blood pressure, congestive heart failure, stroke, heart attack, or invasive heart procedure? YES NO
 - Are you or any person to be insured Medicare eligible, receiving disability benefits, over 400 pounds, or currently unable to work due to medical conditions? YES NO
- [This limited medical plan includes a discount program that is not health insurance. The program provides discounts at certain health care providers for medical and ancillary services. The program does not make payments directly to the provider of services, and members are obligated to pay the provider the discounted rate at the time of service. Participating providers are subject to change without notice and are not available in all areas. Actual savings may vary.]
- I understand that Limited Medical Plan covered persons are covered by individual insurance benefits. The individual insurance benefits vary depending on plan selected. These benefits are provided under an individual insurance policy underwritten by American Medical & Life Insurance Company and are subject to the exclusions, limitations, terms and conditions of coverage as set forth in the insurance certificate which includes, but is not limited to, limitations for pre-existing conditions. This 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 in the policy and certificate which are made available at the time of enrollment.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature of Applicant	Signed at (City)	Signed at (State)	Date Signed
X			

Rep Name:	Rep Signature x	Date	Telephone:	Rep Code:
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SECTION IV — BILLING FORM - FORM MUST BE FILLED OUT IN BLACK BALLPOINT INK - PLEASE PRINT CLEARLY **Calculate Premium**

SELECT TIER	Value	Premier	Aim Xtra	Step 1. Enter Selected Premium:
Single	\$115	\$226	\$88.00	\$ _____
Employee + Spouse	\$194	\$420	\$155.50	\$30.00
Employee * Child(ren)	\$181	\$382	\$155.50	\$ _____
Family	\$251	\$555	\$175.00	\$85.00
Step 6. Total Contribution at Enrollment (add steps 1-5)				\$ _____

PAYMENT OPTIONS (Check Appropriate Box Below)

CHECK OR MONEY ORDER (Make payable to Insurance Resource Group. There is a \$30 insufficient funds fee)

INITIAL PAYMENT: I will pay my 1st month's premium, admin fee, association dues and one time enrollment fee via check/money order. My check/money order is enclosed with the Enrollment Form.

MONTHLY PAYMENT: Send me a monthly invoice to pay my monthly premium, admin fee and association dues. I agree to pay an additional fee of \$10 to receive a monthly invoice.

ELECTRONIC FUNDS TRANSFER (Fill out EFT Authorization Form below and include a legible voided check.)

INITIAL PAYMENT: EFT my bank account for 1st month's premium, admin fee, association dues and one time enrollment fee. EFT occurs between the 15th and 20th of the month prior to the effective date.

MONTHLY PAYMENT: EFT my bank account for the monthly premium, admin fee and association dues. EFT occurs between the 15th and 20th of the month prior to the next months coverage.

I understand this authority is to remain in full force and in effect until IRG has received written notification from me of its termination in such time and such manner as to afford IRG 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 IRG-HEALTH.

x APPLICANT SIGNATURE (REQUIRED)	DATE
x ACCOUNT HOLDER SIGNATURE (REQUIRED if paying via EFT)	DATE

EFT AUTHORIZATION FORM — FORM MUST BE FILLED OUT IN BLACK BALLPOINT INK - PLEASE PRINT CLEARLY

BANK NAME	BANK ACCOUNT NUMBER
BANK ROUTING NUMBER	BANK ACCOUNT NUMBER

Voided check is required and must be legible. No monthly charge for EFT.

PLEASE ATTACH A CHECK MARKED

VOID

TO ENSURE ACCURACY

AIM HealthChoice 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.)
2. Dependent children under age 19.
3. Unmarried dependent children with proof of full-time student status between the ages 19 and 25.
4. Legal resident of United States.
5. Individuals not in full-time service of the Armed Forces (military).
6. Individuals not eligible for Medicare.
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Pre-existing conditions:

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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:

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