

National States Insurance Company
Underwriting Guidelines for Value Care Plus Dental, UAC, UAS
(National States expressed herein as “NSI”)

General Rules for Value Care Plus Dental, UAS & UAC

1. All applications must be sent to the following address for processing:

National States c/o General Agent Center 15575 N. 79th Pl. #100, Scottsdale, AZ 85260

(Questions? Call GAC at 1-800-366-2467 and ask for “Marketing.”)

2. All questions on the application must be answered in full and the application must be legible.
3. If a health question is answered yes, the application will be declined.
(Call GAC with any underwriting questions)
4. Required state forms must accompany the application to General Agent Center.
5. Staple all forms to the back of the application.
6. Applications and forms must have original signatures of the person to be insured and the licensed agent. Rubber stamp signatures are not accepted.
7. Alterations must be initialed by the applicant and the agent. **DO NOT USE WHITEOUT!**
8. Applicant must be 25 or over *(In most states for Value Care Plus Dental Plan)*
9. Answer correspondence promptly as we must make an underwriting decision on every application within 20 days of the date the application is signed. GAC needs the application within 20 days of the date the application is signed.
10. All policies are sent to the Insured.
11. All applications must have the employer’s name and the Insured’s occupation portions filled out in full.
12. Agent must be appointed in the state where the business / policy is written **and** where the applicant resides.

PAGE 1 of 2

National States Insurance Company || General Agent Center || 1-800-366-2467

June 2009

(National States expressed herein as “NSI”)

General Conditions for Rejecting any Plan

1. Excessive amounts of coverage in force
2. History of lapsed policies with the Company

Dating A & H Policies

1. Policies cannot be back-dated for any reason.
2. Policies may be dated ahead up to 30 days.
3. Policies are never Effective until monies are received by NSI

Individuals:

Effective Date is the date we issue the policy at the Home Office or later. A deferred Effective Date of up to 30 days from the date of application may be requested and we will use the requested date or issue date, whichever is later, as the policy date.

Business List Bill Cases (3 people and \$100 per month in premium):

- Regarding Business List Bill, the Effective Date of applications for a new Business List Bill received at General Agent Center between the 1st and the 15th of the month will be the 1st of the following month. If applications for a new Business List Bill are received between the 16th and the 31st of the month, the Effective Date will be the 15th of the following month.
- Always include business email address.
- Additions to groups will have an Effective Date of the 1st or 15th (after monies are received), to correspond with the original group.
- Effective Dates and List Bill Issue Dates are subject to GAC receiving all completed forms in a timely manner.

Billing Modes

Available NSI product billing modes include:

- Monthly Bank Draft
- Business List Bill (3 people and \$100 per month in premium)
**Business List Bill is billed monthly only. No other modes are available.*
- Quarterly
- Semi-Annual
- Annual

PAGE 2 of 2

**National States Insurance Company (NSI)
List Bill Submission Form**

**Send all forms to:
National States c/o General Agent Center
15575 N. 79th Pl. #100, Scottsdale, AZ 85260**

(1) GENERAL INFORMATION (Complete in Full)

Business Name / Organization: _____ Nature of Business: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
How long must employees be employed to be eligible (*waiting period?*) _____
Is your business covered by Workers' Compensation or similar laws? _____ (*If not, do NOT write UAC or UAS policies*)
Total Number of Eligible Full-Time Employees: _____
Description of products offered: _____
Special Billing instructions: _____
Date first payment will be made: _____

(2) BILLING INSTRUCTIONS

Deductions will begin: (*Month/Day/Year*) _____ Must receive first billing by: (*Month/Day/Year*) _____
Contact person: _____ Phone () _____
Billing sequence will be by policy number.
Send billings to: (*if different than above*) _____

(3) AGENT INFORMATION

Agent Name: _____ Agent Number: _____
Agency Name: _____ Phone () _____
Address: _____ City: _____ State: _____ Zip: _____

(4) EMPLOYER AUTHORIZATION

- ◇ This agreement authorizes the contact of employees/members of this business/organization concerning insurance premiums, dues and fees billed by NSI. Authorization is given to send billings to the location named above. The responsibility of assuring that dues have been remitted to National States on behalf of their employee/member is that of the business/organization named above.
- ◇ I have read the terms on the back of this form
- ◇ Either the business/organization or NSI may, upon reasonable notice to the other, terminate this Agreement, in which event the payment of premiums will be a matter of accounting directly between each employee/member and National States.

Signature (*Authorized Officer or owner*): _____ Date: _____

Print Name: _____

Employer may be subject to certain State and / or Federal Employment related laws (including, but not limited to: ERISA; IRC Section 125 and COBRA) and is solely responsible for compliance with these laws.

This form must be completed and submitted with all Business List Bill Groups.

- A. Three (3) copies are required. One copy for the Employer, one copy for NSI, and one copy for the applicant. The Applicant Billing Agreement must accompany each Business List Bill application.

**NATIONAL STATES INSURANCE COMPANY (NSI)
PREMIUM BILLING AGREEMENT**

BUSINESS LIST BILL
(Minimum 3 employees and \$100 per Month in Premium)

The Employer hereby applies to National States Insurance Company (herein called NSI) to cause Applicant's premium billings to be processed in a manner consistent with the terms of this Agreement. In consideration of National States Insurance Company making this voluntary premium billing option available, the Employer hereby agrees as follows:

Employer AGREEMENTS

- Employer understands and agrees to honor Applicant's appointment and acknowledges receipt of a completed Applicant Billing Agreement Authorization form. The Employer further agrees to remit the currently listed insurance premiums identified on the Payroll Deduction Group Transmittal Statement as the "Total Monthly Billing" to NSI each month by the premium due date, along with any appropriate administrative and list billing fee. The Employer also agrees to follow all NSI billing instructions furnished by NSI to the Employer.
- Employer further understands and agrees not to seek from NSI access to any other information relating to Applicant's insurance coverage, beyond the amount of the Applicant's premium, without furnishing written permission from Applicant.
- Employer assumes no responsibility for this Premium Billing Agreement except as herein stated. The Employer assumes no responsibility for the payment of premium by any Applicant after his or her eligibility to participate in this Premium Billing Agreement ends. Employer acknowledges that this Premium Billing Agreement is only offered for the convenience of such Applicants.
- Employer or NSI upon giving 60 days written notice to the other and to each affected applicant, may terminate this Premium Billing Agreement in its entirety. Following termination of the Billing Agreement or termination of Applicant's employment with the Employer, payment to NSI of premium shall be made by Applicant directly to NSI. The Employer agrees to submit any and all deducted premium amounts for Applicant prior to the effective date of termination. The Employer will indicate on the copy of the Monthly Billing Statement the identity of any person who chooses to discontinue this Premium Billing Agreement or whose employment with the Employer has terminated and the requested Termination Date.
- Employer agrees to allow reasonable access to eligible members, on Employer premises, during regular working hours for the purpose of explaining and enrolling members.
- Employer understands and agrees that failure to remit the amount identified on the Monthly Billing Statement as "Total Monthly Billing", less the applicable premium for those persons who have chosen to discontinue the Premium Billing option, will result in all coverage lapsing at the expiration of the period for which premium has been properly paid.

Name of Employer Contact Person

Name of Employer

National States Insurance Company (*Minimum 3 Employees*)

National States Insurance Company (NSI) Applicant(s) Billing Agreement Authorization Form

Please Check One:

New Billing Account **Addition to Billing Account #:** _____

I hereby appoint and authorize the following Employer _____
To deduct my insurance premium, \$_____ from my compensation and remit it to NSI. I understand that my current premium amount may be adjusted in the future.

I acknowledge that no coverage will take effect until NSI has received at least one monthly premium payment and the policy is issued.

I further acknowledge that NSI will have no obligation to provide coverage, nor any other liability in the event of lapse in coverage due to the Employer's failure to remit premiums in a timely manner. I understand that I may voluntarily discontinue participation in the Billing Agreement by requesting the Employer to cease making premium payments for my insurance. Following termination of this Billing Agreement, or termination of employment with the captioned Employer, NSI agrees to bill me at the address contained in NSI's records, unless NSI receives written notification, signed by me, canceling my insurance. I understand and agree that the billing statement for each applicant will only be sent to the Employer.

If you have questions regarding this Billing Agreement, please contact your agent or call General Agent Center at 1-800-366-2467 Ext

Please complete the following:

_____	_____
Applicant Name (Please Print)	Applicant Signature
_____	_____
Applicant Address (Please Print)	City State Zip Code
{ }	_____
Home Phone Number	Date

MAKE THREE (3) COPIES

1 Copy: Employer – 2nd Copy: NSI – 3rd Copy Agent

National States Insurance Company || General Agent Center || 1-800-366-2467

LIST BILL

National States Insurance Company
 General Agent Center
LIST BILL ~ APPLICATION SUMMARY
 New Business Transmittal

PAYROLL DEDUCTION

If this is a business list bill case, use separate Transmittal for each group.

Group Name: _____
 Contact Person: _____
 Phone: () _____
 Contact email: _____
 Existing Group #, if any: _____

Agent Name: _____ Agent ID: _____ Office ID: _____ Date: _____

Applicant Name	Product Premium Due	Product Premium Due	Premium Due	Policy Fee	Total Premium W/Application
	MAS				
	MAS				
	MAS				
	MAS				
	MAS				
	MAS				
	MAS				
	MAS				
	MAS				
	MAS				
	MAS				
	MAS				
	MAS				
	MAS				
	MAS				
	MAS				
	MAS				
	MAS				
	MAS				
	MAS				
TOTAL: ⇒					

SEND ALL BUSINESS TO:

National States c/o General Agent Center - 15575 N. 79th Pl. #100 - Scottsdale, AZ 85260 - (800) 366-2467

Jun-09