

while the Insured Person was insured under the Group Policy; or b) To correct the disorder of a normal bodily function if the disorder had its inception while the Insured Person was insured under the Group Policy; or c) Expenses are incurred for reconstructive breast surgery following a mastectomy due to illness occurring within the terms of the Group Policy. (20) Obesity, including any treatment, advice, consultation, medication, program or surgery recommended for reducing weight whether or not such weight reduction is recommended for reasons other than, or in addition, to, obesity; or any complication resulting from the treatment or surgery for weight reduction. (21) Care or treatment of: weak, strained or flat feet; instability or imbalance of the foot; metatarsalgia; bunions; corns; calluses; or toenails; except for charges: (i) by a Hospital during Confinement; or (ii) for the care and treatment of a metabolic or peripheral vascular disease; or (iii) for immediate repair of Injury from an Accident that occurred while the Insured Person was insured under the Group Policy. (22) Treatment related to: gender change or modification; sterilization or elective reversal of surgical procedures; breast reduction unless Medically Necessary; breast enlargement for any reason; or the treatment or testing for sexual dysfunction or inadequacies whether such condition has a physical or organic basis or origin. (23) Services or supplies of a common household use, including but not limited to: exercise cycles; air or water purifiers; air conditioners; allergenic mattresses; and blood pressure kits. (24) Charges for items or services of convenience, including but not limited to: admission kits; telephone; slippers; or homemaker services; supportive service focusing on activities of daily life such as bathing; dressing; feeding; or skin and/or bladder care; administration of oral medication or eye drops, except as specifically covered in the Group Policy. (25) Experimental or investigational service, supplies, or treatments. (26) Travel or travel expense, even though prescribed by a Physician. (27) Outpatient Prescription Drugs; medicines; vitamins (including prenatal vitamins); mineral or food supplements; or any over the counter medicines, whether or not ordered by a Physician. (28) Charges for the treatment of acne or varicosities of the veins. (29) Any Expense for the treatment of Injury or Sickness occurring while intoxicated or under the influence of alcohol, illegal drugs, hallucinogenics or narcotics unless said narcotics were prescribed by a Physician and used as recommended. "Intoxicated" and "under the influence" will have the meanings determined by the laws of the jurisdiction of the geographical region in which either the Loss or the cause occurs. (30) Charges related to transportation, except where specifically covered in the Group Policy. (31) Expenses incurred to treat complications resulting from any treatment or care of conditions that are not covered under the Group Policy. (32) Expenses related to diagnosing, testing for, or treating a sleeping disorder. (33) Testing, diagnosis or treatment for or related to learning disabilities; attention deficit disorder; hyperactivity; autism; or related conditions.

This is not a complete list of the limitations and exclusions. Please see the detailed list in policy certificate you will receive when you purchase Short Term Medical Insurance. Exclusions and Limitations may vary by state.

When does coverage begin?

If you submit the application form and initial payment via:

Internet or facsimile, the earliest date that coverage can begin (if approved by Markel) is 12:01 a.m. on the day after SASid receives the completed application form and valid electronic payment information. A later effective date may be requested, but no more than 30 days following the application date. Note – payment must be made by automatic bank draft or MasterCard / VISA.

U.S. Mail, the earliest date that coverage can begin (if approved by Markel) is 12:01 a.m. on the day after the postmark date stamped by the U.S.P.S. on the envelope in which SASid receives the completed application form and payment for the total amount due. If the U.S.P.S. postmark date is not legible or present, the earliest date that coverage can begin is the day after the completed application form and payment for the correct plan cost are received by SASid. A later effective date may be requested, but no more than 30 days following the application date.

Do I Need Precertification?

Pre-admission certification prior to eligible in-patient hospitalization or surgery by the covered individual within 48 hours is required. This is not a guarantee

of benefits. Failure to precertify will result in a benefit reduction of 50%. Call 1-800-874-2378 for precertification.

Payment Options

Single Payment – If you know the exact length of time you'll need this coverage and prefer to make one single payment for the entire Benefit Period, this payment option is ideal. Simply enter the exact total number of days you need coverage and pay for that Benefit Period (30 day minimum / 6 month maximum).

Monthly Payment – If you are unsure how long you'll need this coverage or prefer the convenience of making monthly installment payments, this option is ideal. Each monthly payment is for 30 days of coverage, up to the 12 months maximum Benefit Period. If your need for this coverage ceases before your Benefit Period expires, simply contact our office via email at info@smartstm.com or visit our Online Customer Service Center at www.smartstm.com.

Payment Methods

Personal Check: You will receive payment coupons with your Policy or Certificate. The 1st payment coupon will reflect a credit equal to your initial payment. Subsequent monthly payments, must be received by SASid on or before the payment due dates shown on payment coupons.

Automatic Bank Draft or Credit Card: Your initial payment and subsequent monthly payments will be automatically debited (on or immediately following the payment due dates) from your bank account or your MasterCard / VISA that is identified on the Electronic Payment Authorization form. If you wish to discontinue coverage before your Benefit Period expires, simply mail or fax your written request for termination to SASid and we will discontinue future automated electronic debits.

Note: 5 days advance written and signed notice from the Primary Insured is required to ensure future credit card debits are discontinued.

Money Back Guarantee

If you are not satisfied that this coverage will meet your insurance needs, simply return the Policy or Certificate with your written and signed request for cancellation within 10 days after you receive it. Coverage will be canceled as of the effective date and you will receive a full premium refund of your initial payment – no questions asked!

Note: the application and administration fees are non refundable. Underwritten by Markel Insurance Company.

Markel Insurance Company:

"Driven by Tradition...Powered by People"



MARKEL

The parent company, Markel Corporation, is a publicly-traded entity. Through its insurance company subsidiaries, it operates as a multi-line carrier throughout the United States and internationally.

Much of the company's success is the result of the dedicated work of the thousands of Markel associates who have powered the company and made its values and traditions tangible for customers. This is the "Markel Style."

Administration:

- Customer & Agent service and billing is handled by SASid, 462 Midland Rd., Janesville, WI 53545. Toll-Free: 1-800-279-2290
- Customer Claims are administered by International Funding Ltd. P.O. Box 2478, Madison, WI 53701 Toll-Free: 1-800-610-1920

Current Ratings for Markel Insurance Company

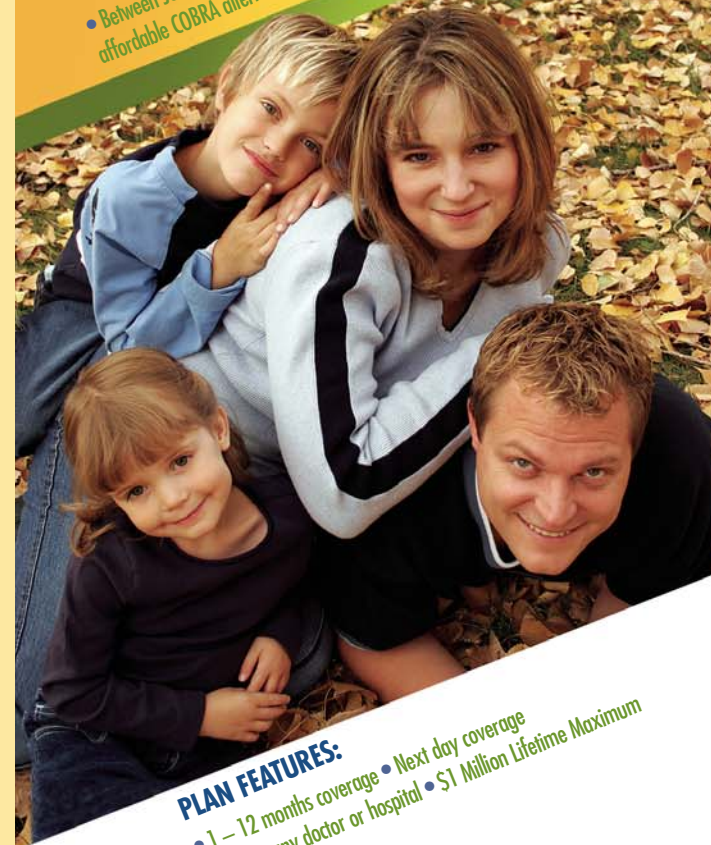
A.M. Best Company, Inc.	"A Excellent" – Category XII
Standard & Poor's Claims Paying Ability	"A-" (Strong)
Duff & Phelps' Claims Paying Ability	"A" (High)

MARKEL
INSURANCE
COMPANY

SMART
Short Term Medical

TEMPORARY HEALTH INSURANCE FOR PEOPLE WHO ARE:

- Between Jobs • Recent College Graduates • Looking for an affordable COBRA alternative
- Temporary or Seasonal Employees



PLAN FEATURES:

- 1 – 12 months coverage • Next day coverage
- Choose any doctor or hospital • \$1 Million Lifetime Maximum

INSURED BY:

MARKEL
INSURANCE
COMPANY

Protect yourself and your family from unexpected illnesses or accidents.

A simple accident like a broken bone or torn muscle can cost thousands of dollars. The *unexpected does happen* and if it does you will be thankful that you purchased Smart STM. *Don't be without health insurance!*

Short Term Medical insurance is designed for people who need temporary health insurance coverage for up to 12 months. It has never been easier or faster to get health insurance. So whether you are:

- Between jobs
- Looking for an affordable COBRA insurance alternative
- A recent college graduate
- A temporary or seasonal employee
- Unemployed or laid-off
- Waiting for other health insurance
- Have any temporary need of health coverage

In 3 simple steps you can have affordable health insurance coverage as soon as tomorrow!



- 1) Select a plan/rate that meets your needs and budget.
- 2) Complete a simple 5 minute application.
- 3) Send in your payment and application.
Coverage can be issued as soon as tomorrow!

Register Online!



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Plan Highlights:

- Freedom to choose your own doctors and hospitals
- \$1 Million Lifetime Maximum Coverage
- In-Hospital and Out-patient benefits
- Physician Services - diagnosis and treatment
- Surgery in a Hospital or Ambulatory Surgical Center
- Intensive Care
- X-Ray and Laboratory
- Ambulance Services
- Spinal Manipulation/Adjustment
- Mammography, Pap smear and screens

* Benefits vary by state. Refer to your coverage document for specific terms and conditions.

Here's How Short Term Medical Works:

Choose the plan that best fits your needs and budget:

- Deductible options: \$250, \$500, \$1,000, \$2,000, \$2,500, \$3,000 or \$5,000
- Coinsurance options: 80/20 of \$10,000 or 50/50 of \$10,000 100% (only available on deductibles of \$1,000 and up)
- Length of Coverage options: 1 - 3, 1 - 6 or 1 - 12 months of coverage

Benefits are paid as follows:

FIRST	You satisfy your deductible: \$250, \$500, \$1,000, \$2,000, \$2,500, \$3,000 or \$5,000
THEN	We pay 100%, 80% or 50% of the next \$10,000 of covered expenses
100%	We pay 100% of remaining covered expenses up to the \$1 Million Lifetime Maximum

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Who's Eligible for Short Term Medical?

You and your spouse under age 65 (and not eligible for Medicare) and you and your spouse's unmarried dependent children under age 19 (or under age 25 if a full-time student) who have a social security number and can answer "No" to the five health questions on the application.

Child Only Directions

Children age 19 and over should apply separately. Child-only coverage is available for ages 2 through 18. The application must be completed and signed by the parent or legal guardian.

Child(ren) alone can apply and are to use the 0-24 premium rate (male or female, based on their gender) for the youngest child; and the per child rate for each of the child siblings to be insured. The minimum age for a child only coverage is 2 years old. The application must be completed and signed by the parent or legal guardian.

Exclusions & Limitations

We will not pay benefits, and charges will not accrue toward any Deductible Amount, for Expenses incurred as a result, directly or indirectly, of any of the following: (1) [Pre-Existing Conditions, as defined (2) Expenses that the Insured Person is not required to pay, or those charges that would not have been billed if no insurance existed. (3) Charges for custodial maintenance; pre-marital screenings or exams; routine services for general physical examinations; physical examinations that are required by third parties; diagnostics, screenings and research; preventative or prophylactic care; and immunizations, unless specifically noted in the Group Policy. (4) Medical Expenses that are eligible for payment under an automobile medical payment benefit, regardless of fault. (5) Injury or Sickness resulting from war, either declared or undeclared; riot or any act incidental to war or riot; while committing or attempting to commit felony; intentionally self-inflicted Injuries; suicide or attempted suicide, while sane or insane. (6) Injury or Sickness incurred during military service or while on active duty. Upon written notice to Us of entry into active duty, any unused premium will be returned to the Insured Person on a pro-rated basis. (7) Substance Abuse Treatment unless specifically provided by State Mandated benefits. (8) Charges incurred by an Insured Dependent who is a newborn child not yet discharged from the Hospital, unless the charges are necessarily incurred as the result of, and to treat, premature birth, congenital Injury or Sickness, or Injury or Sickness sustained during or after birth. (9) Charges related to elective cesarean section when no complication is present or voluntary termination of a normal Pregnancy including, but not limited to, the cost of any drug, contraceptive, supply, treatment, or procedure intended to prevent conception or childbirth. (10) Any work-related accidental bodily Injury or Sickness. (11) Routine charges for the care and/or treatment of a normal Pregnancy or childbirth with the exception of those Expenses related to a Complication of Pregnancy as defined in the Group Policy. (12) Any services, supplies or treatment furnished by the Insured Person, an Insured Person's Immediate Family, or Employer. (13) Services or supplies rendered to a transplant donor of any organ or bodily element or the acquisition cost of any organ or bodily element. (14) Services related to or for the purpose of treating infertility or causing Pregnancy, including but not limited to, diagnostic testing; drugs; medicines; artificial insemination; in vitro fertilization; and embryo transplants; or any condition or complication caused by or resulting from such treatment. (15) Participation in high-risk sports, activities, or occupations such as: skydiving; scuba diving; bungee jumping; hang gliding; or ultra light gliding; traveling in or on any all terrain vehicles such as, but not limited to: dirt bikes, all terrain vehicles, snowmobiles, or go-carts; racing with any motorcycle, boat or any form of aircraft; participation in any sports for pay or profit; participation in intercollegiate sports; and any rodeo events. (16) Charges that do not meet the definition or are not specifically identified under the Group Policy as Eligible Expenses, including amounts in excess of the Usual and Customary charges for the geographic area in which the charges are incurred. (17) Charges determined to be for educational purposes or charges that may be provided through an educational program or facility. (18) Voluntary inhalation or ingestion of any gas, poison or poisonous substance. (19) Cosmetic, reconstructive or plastic surgery unless: a) As a result of an Injury that occurred

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