

**Association of United Internet Consumers (AUIC) CoreHealth Insurance Verification Script  
AGENT DOCUMENTATION ONLY. NOT FOR DISTRIBUTION.**

**[START RECORDING]**

Hi, my name is \_\_\_\_\_. Today is \_\_\_\_\_ (date), the time is \_\_\_\_\_ AM/PM. This call is being recorded for compliance purposes, ok? **(Yes response required)** I am speaking with \_\_\_\_\_ correct? **(Yes response required)**. Your name, as it appears on your identification is \_\_\_\_\_, correct? **(Yes response required)**.

**A yes response is required for each of the following. If no, make correction required and confirm correction is accurate.]**

Your address is \_\_\_\_\_, correct? Your phone number is \_\_\_\_\_, correct? Your DOB is \_\_\_\_\_, correct? Your e-mail address is \_\_\_\_\_ correct? **(Yes response required)**

**[Only if dependents covered. Ask the following question for each dependent enrolled. A yes response is required for each. If no, make correction required and confirm correction is accurate]**

The name and date of birth of each of your dependent is \_\_\_\_\_ and \_\_\_\_\_ is this all correct? **(Yes response required)**

You have maintained a primary residence in the U.S.A. for the past 12 months or longer? **[Yes response required]**

You have chosen to enroll as a member in Association of United Internet Consumers or AUIC, correct? **(Yes response required)**.

**AUIC** provides a variety of benefits that can be broken down into 2 basic categories:

1. Shopping discounts: Save up to 50% on Dining, Shopping, Recreation, and more at over 200,000 locations from big name brands to local boutiques. Save up to 50% on services such as cell phone needs, carpet cleaning, moving and storage and so much more. You have access to car rental discounts through Hertz, National and Alamo with 10% savings through your AUIC membership. You can also save 20% off of the standard rate at thousands of hotels nationwide, no matter if you are looking for a 5 star favorite in the middle of town or a quiet retreat in the middle of nowhere, you will tuck away great savings!
2. Health related Re-pricing benefits: In order to maximize its member's medical dollar **AUIC** has contracted with a Re-Pricing Network, MultiPlan. What's a Re-pricing Network? A Re-pricing Network is a network of medical doctors, hospitals and other health care providers that have agreed to provide their services at reduced rates! The reduced rates provided vary nationally and can range from 0% to 45%. You can visit the **AUIC network website at [www.MultiPlan.com](http://www.MultiPlan.com)** to see if your medical providers participate in the **AUIC** Re-pricing Network. In addition, you will gain access to discounts on laboratory tests through the nation's leading laboratory facilities and providers.

You understand that as a member of AUIC you are entitled to many valuable shopping & discount benefits, such as shopping discounts: Save up to 50% on Dining, Shopping, Recreation, Services and more at over 200,000 locations from big name brands to local boutiques? **(Yes response required)**.

You understand that as a member of AUIC you are also entitled to Re-pricing Network Benefits? **(Yes response required)**.

You understand that AUIC Re-pricing Network Benefits are NOT insurance and are NOT affiliated with United States Fire Insurance Company? **(Yes response required)**.

You understand that shopping and health discount membership benefits are NOT insurance and are not affiliated with, or provided by, the Limited Medical Insurance carrier, United States Fire Insurance Company. **(Yes response required)**.

You have chosen to enroll in AUIC **Plan name**, is that correct? **(Yes response required)**

You understand that AUIC **Plan name** plan contains Limited Medical Indemnity Insurance, is that correct? **(Yes response required)**.

You understand that you are not required to purchase Limited Medical Indemnity Insurance and there are AUIC plan memberships available that do not include Limited Medical Indemnity Insurance, is that correct? **(Yes response required)**.

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You choose to enroll in AUIC **Plan name** containing Limited Medical Indemnity Insurance, is that correct? (Yes response required).

You understand that Limited Medical Indemnity Insurance is NOT major medical or Health Insurance, is that correct? (Yes response is required).

You understand that Limited Medical Indemnity Insurance pays a fixed dollar amount for specific named medical expenses and will not cover all of your medical expenses? (Yes response required).

AUIC Limited Medical Indemnity benefits are underwritten by United States Fire Insurance Company or USFIC.

Do you currently have Limited Medical Indemnity Insurance underwritten by USFIC?

If **YES**, advise **USFIC does not allow duplicate coverage**, advise member if they would like association membership without Limited Medical Indemnity Insurance they can contact 888-818-5216 or visit [WWW.AUIC.ORG](http://WWW.AUIC.ORG).

If **NO**, continue.

I'm going to review the Limited Medical Indemnity Benefits included with membership. The benefit limits I'm going to tell you about represent the **TOTAL** benefits payable for ALL expenses incurred. Remember this is Indemnity coverage, which means the plans pay a **FIXED** dollar amount for specific medical expenses, do you understand? (Yes response is required).

The following benefits provide coverage **ONLY** for treatment as a result of Injury or Sickness, do you understand? (Yes response is required).

<b>BENEFITS</b>	<b>PHYSICIAN Plan</b>	<b>VALUE Plan</b>	<b>GOLD Plan</b>	<b>PLATINUM Plan</b>
<b>Waiting Period</b>				
Sickness	30 days	30 days	30 days	30 days
This means Sickness benefits will not be payable for 30-days from each covered persons Coverage effective date				
<b>Hospital Semi Private Room &amp; Board Benefit</b>				
Benefit amount per day	\$250	\$500	\$1,000	\$1,500
Number of Covered days per Policy Year	31	31	31	31
A 12-month Pre-existing Condition Limitation applies to this benefit	Yes	Yes	Yes	Yes
<b>Hospital ICU or CCU Benefit</b>				
Benefit amount per day	\$250	\$500	\$1,000	\$3,000
Number of Covered days per Policy Year	15	15	15	15
Once the Hosp ICU/CCU Benefit is exhausted, any additional Hospital ICU/CCU days may be eligible under the Hospital Semi Private R&B Benefit	Yes	Yes	Yes	Yes
A 12-month Pre-existing Condition Limitation applies to this benefit	Yes	Yes	Yes	Yes
<b>Surgery</b>				
<b>Indemnity</b>				

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Benefit amount per In-Patient procedure	\$500	\$1,000	See Below	
Benefit amount per Out-Patient procedure	\$200	\$500	See Below	
Number of Covered In-Patient or Out Patient procedures per Policy Year	1	1	See Below	
<b>Surgical Schedule</b>				
A Surgical Schedule applies. Schedule limits can range from \$0 – \$5,000 depending on Surgical Procedure. A sample surgical schedule is available for review at CoreHealthInsurance.com	n/a	n/a	\$0-\$5,000	\$0-\$5,000
Number of Covered In-Patient or Out Patient procedures per Policy Year	n/a	n/a	1	2
A 12-month Pre-existing Condition Limitation applies to this benefit	Yes	Yes	Yes	Yes
<b>Anesthesia</b>				
<b>Indemnity</b>				
Benefit amount per In-Patient procedure	\$125	\$250	See Below	
Benefit amount per Out-Patient procedure	\$50	\$125	See Below	
Number of Covered In-Patient or Out Patient procedures per Policy Year	1	1	See Below	
<b>Surgical Schedule</b>				
An Anesthesia Schedule applies and is contained on the Surgical Schedule. Schedule limits can range from \$0 to \$1,250 depending on Surgical Procedure. A sample surgical schedule is available for review at <a href="http://www.CoreHealthInsurance.com">www.CoreHealthInsurance.com</a>	n/a	n/a	\$0 - \$1,250	\$0 - \$1,250
Number of Covered In-Patient or Out Patient procedures per Policy Year	n/a	n/a	1	2
A 12-month Pre-existing Condition Limitation applies to this benefit	Yes	Yes	Yes	Yes
<b>EXPLAIN: It is important to understand that any Hospital, ICU/CCU, Surgery &amp; Anesthesia benefits - are not payable for any pre-existing condition for the first 12-months following an insured's effective date</b>	Yes	Yes	Yes	Yes
<b>Doctor Office Visit: Accident &amp; Sickness</b>				
Limited to a single Doctor visit per day				
Benefit amount per visit	\$65	\$70	\$75	\$80
Number of Covered visits per Policy Year	10	10	10	10
<b>Diagnostic / Lab / X-ray: Accident &amp; Sickness</b>				
Benefit amount per Lab or X-ray	\$30	\$50	\$75	\$100
Number of Covered draws per Policy Year	5	5	5	5
<b>Emergency Room</b>				
Benefit amount per Covered visit per Policy Year	\$100	\$150	\$300	\$300

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Number of Covered visits per Policy Year	1	1	1	1
<b>Accidental Injury Benefit</b>				
Maximum benefit amount per Injury	\$500	\$2500	\$2500	\$5000
Deductible per Injury	\$100	\$100	\$100	\$100
Number of Covered Injuries per Policy Year	1	1	1	1
<b>Accidental Death</b>				
Death Benefit				
Primary	\$2,500	\$5,000	\$7,500	\$15,000
Spouse	\$1,250	\$2,500	\$3,750	\$7,500
Child(ren)	\$625	\$1,250	\$1,875	\$3,750
Coverage also includes Dismemberment benefits which are paid as a percentage of the Death benefit				
<b>Now let me explain the Wellness benefits included:</b>				
<b>Doctor Office Visit: Wellness</b>				
Benefit amount per visit	\$65	\$70	\$75	\$80
*Number of Covered visits per Policy Year	2	2	2	2
No Diagnostic wellness benefits are provided by this plan				
<b>Pre-Existing Condition</b>				
A Pre-existing condition clause applies to the: Hospital Admission, Hospital Semi Private Room & Board and Hospital ICU or CCU, Surgery and Anesthesia Benefits if provided under your membership plan.				
<b>Maternity</b>				
Normal pregnancy or childbirth	Not covered	Not covered	Not covered	Not covered

Do you understand that the Limited Medical indemnity benefits & limits I've just listed represent the TOTAL benefits payable for ALL expenses incurred? **(Yes response required).**

Do you understand that Limited Medical Indemnity Insurance is underwritten by United States Fire Insurance Company? Coverage is supplemental and is not PPACA compliant. **(Yes response is required).**

Applicant Statement:

You and the individuals named herein are eligible for insurance and understand that coverage will not begin until the Effective Date of \_\_\_\_\_. I further understand that the coverage applied for is supplemental coverage with limited benefits and is not intended to cover all medical expenses, do you understand? **(Yes response required).**

The pre-existing condition limitation applies to Hospital Room & Board and General Nursing Services, Intensive and Cardiac Care Unit, Surgery and Anesthesia related to Surgery that may be covered under this plan. For those services, no benefits will be payable for any pre-existing condition I/we currently have or have had in the past 12-consecutive months. Do you understand? **(Yes response required).**

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**[APPLY FRAUD WARNING REQUIRED BY STATE]** Fraud Warning: Any person who knowingly and with intent, defrauds or deceives any insurance company by submitting an application or filing a claim that contains any false or incomplete information, or conceals information for the purpose of misleading, is guilty of insurance fraud, which is a felony and subject to criminal and/or civil penalties, do you understand? **(Yes response required).**

Your AUIC monthly membership, including Limited Medical Indemnity Insurance is:

Single	\$93.95	\$134.38	\$215.82	\$299.09
Single/Spouse	\$171.33	\$248.66	\$404.24	\$563.25
Single/Child	\$150.80	\$218.34	\$354.25	\$493.13
Family	\$242.99	\$354.49	\$578.74	\$807.78

The Limited Medical Indemnity Insurance premium is:

Single	\$53.63	\$79.15	\$130.54	\$183.09
Single/Spouse	\$102.47	\$151.26	\$249.45	\$349.79
Single/Child	\$89.51	\$132.13	\$217.90	\$305.55
Family	\$147.69	\$218.05	\$359.57	\$504.11

Also, a one time enrollment fee will be applied to your 1<sup>st</sup> months membership dues of \$50.00

Also, a onetime enrollment fee will be applied to your 1<sup>st</sup> months membership dues of \$\_\_\_\_\_. Do you understand? **(Yes response required).**

Your membership will be effective on \_\_\_\_\_. Do you understand? **(Yes response required).**

Your first months membership dues will be \$\_\_\_\_\_. Do you understand? **(Yes response required).**

All subsequent monthly membership dues will be \$\_\_\_\_\_. Do you understand? **(Yes response required).**

Your membership dues will be applied to the **[bank or credit card]** account you provided your agent. Do you understand? **(Yes response required).**

Your first membership dues will be applied to your account on \_\_\_\_\_. Do you understand? **(Yes response required).**

Your monthly recurring billing date will be the \_\_\_\_\_ of every month. Do you understand? **(Yes response required).**

You understand that if you cancel your membership or if we are unable to collect your payment on your bill date your membership and benefits will be cancelled. Do you understand? **(Yes response required).**

**30-DAY CANCELLATION PERIOD**

Now after you're enrolled, you will have 30-days from the date you receive your fulfillment material to cancel. You will also receive an email allowing you to login, using your email address, to review your membership benefits including your Limited Medical Indemnity Insurance Limitations and Exclusions – please make sure you do this. If you decide to cancel within the 30-day Cancellation Period, you will receive a refund of your 1st month's membership only. The \$50 enrollment fee will not be refunded. If you submit a claim for insurance your membership will be deemed accepted and you will not be eligible for any refund.

**As regards the insurance benefits contained within your membership, there are a few additional items to address - it will just take a few minutes.**

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1. THIS IS LIMITED MEDICAL INDEMNITY INSURANCE. IT IS NOT MAJOR MEDICAL or HEALTH INSURANCE and is NOT intended as a substitute for or replacement of Major Medical or Health Insurance.
2. Individuals considering AUIC membership including Limited Medical Indemnity Insurance should check with their state Pre-existing Condition Insurance Plan before enrolling to determine the potential impact of membership on their eligibility.
3. Limited Medical Indemnity is NOT PPACA compliant and is not creditable coverage.
4. Must be 18 to enroll
5. Coverage is not provided to members age 65 or over, coverage will terminate at the end of the month in which the member attains age 65.
6. AUIC Limited Medical Indemnity benefits may not be available in all states.
7. Terms and conditions may vary by state. See your fulfillment material to review.
8. A thirty-(30) day Waiting period for Sickness applies to all insurance benefits.
9. The 12-month Pre-existing Condition Limitation applies only to Hospital Room and Board, ICU/CCU, Surgery and Anesthesia Benefits.
10. Maternity is not covered.
11. See terms and conditions for definitions and exclusions.
12. Members can be enrolled only once. Duplicate or multiple memberships including Limited Medical Indemnity Insurance underwritten by United States Fire Insurance Company, is not allowed.
13. Plan changes to coverage underwritten by United States Fire Insurance Company can only be made if the change is the result of a qualifying life event. A qualifying life event means marriage, divorce, the death of your spouse, or the birth or adoption of a child.
14. If coverage underwritten by United States Fire Insurance Company is cancelled, persons may not re-enroll in coverage with United States Fire Insurance Company until 6 months after their termination date.

Your verification is now complete. I'm going to provide you our customer service phone number; do you have a pen and paper? **(Yes response required)**. Our customer service number is 800-279-2290. You can call 800-279-2290 to discuss any billing, member benefits, customer service or cancellations. Thank you.

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